

Name
in
Full

Adams Still born

CERTIFICATE OF DEATH

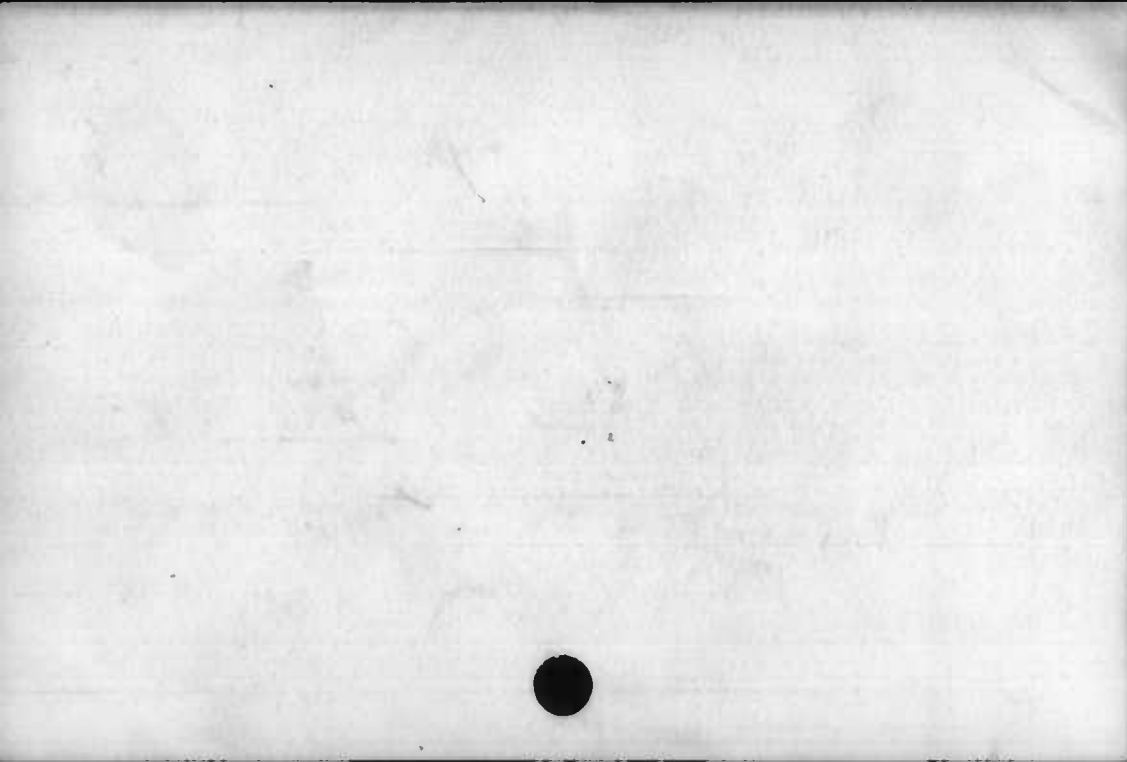
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Annepolis		Annepolis		Annepolis		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	Nov	11					
Sex	Color or Race		Birth-place				
Male	Colored		Annepolis				
Occupation	Where Residing if not at place of death						
			79 Washington				
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Louis Adams	Annepolis						
Mother's Maiden Name	Mother's Birthplace						
Margaret McRimmon	Boats						
Name of person giving information	How related to deceased						
Louis Adams	father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	8
Immediate	Unknown	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. P. G. G. G.
		Address	65 Cedar St
			Annapolis
Accident or Suicide?	No		



Name
in
Full

Robert - Blackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>A-a-</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>19</i>		Age <i>74</i>		Months <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Chesterfield</i>		<i>22nd St.</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>South Street</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Ann Blackson</i>							
Father's Name <i>Robert - Blackson</i>		Father's Birthplace <i>South River</i>							
Mother's Maiden Name <i>Margaret Burgess</i>		Mother's Birthplace <i>Christinfield</i>							
Name of person giving Information <i>Moses Blackson</i>		How related to deceased <i>Son</i>							

Dr. KEESE.

CAUSES OF DEATH

120

Asbury Cemt.

Primary

Nephritis

How long

2 Weeks

Immediate

Cardiac Failure

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

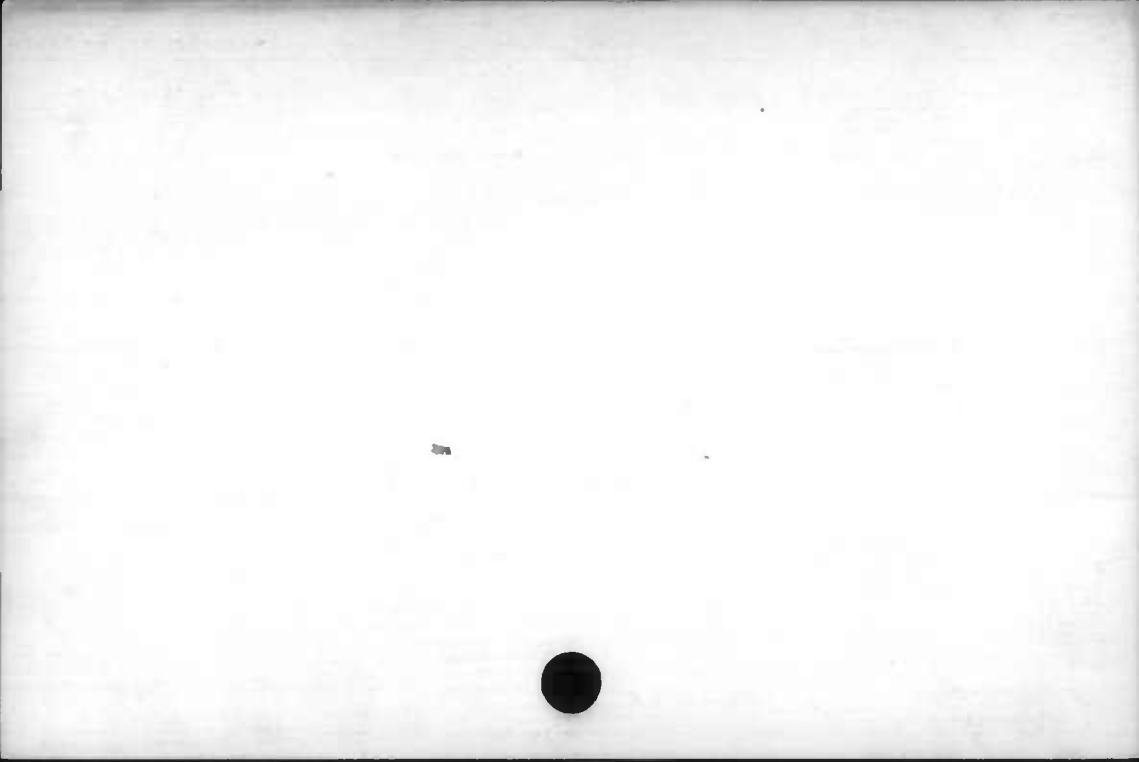
Address

P. D. Kuse
60 Cathedral St.
Annapolis

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Deckerwidge

Town *Jessup* County *Anne Arundel* MARYLAND

Died at *Jessup*

Date of death *1909 Nov. 23* Age *50* Months *—* Days *—*

Sex *Male* Color or Race *White* Birthplace *Balti -*

Occupation *Laborer* Where Residing if not at place of death *at Home of Mother*

Married, Single or Widowed *Unm.* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Edw. Cole* How related to deceased *not at all.*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

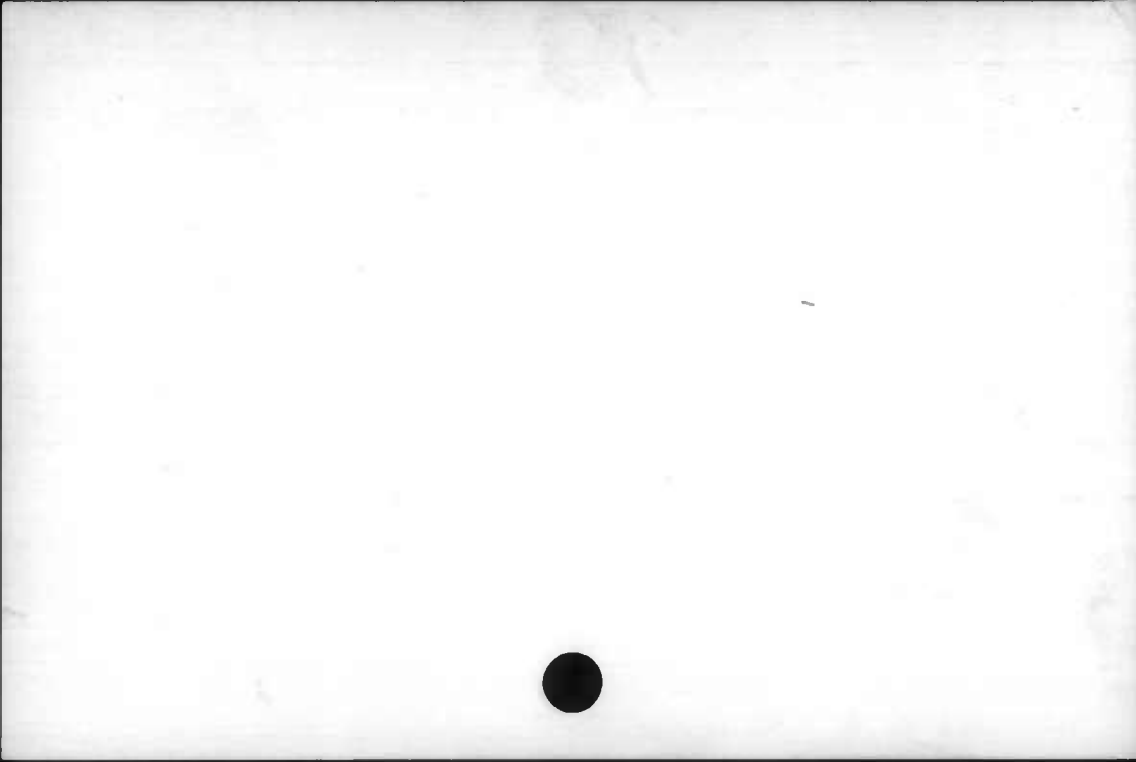
Primary *Tumor found in cell.* How long *—*

Immediate *Perhaps Cardiac Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *T. H. Phelps* Address *Laurel*

Accident or Suicide *no*



Name
in
Full

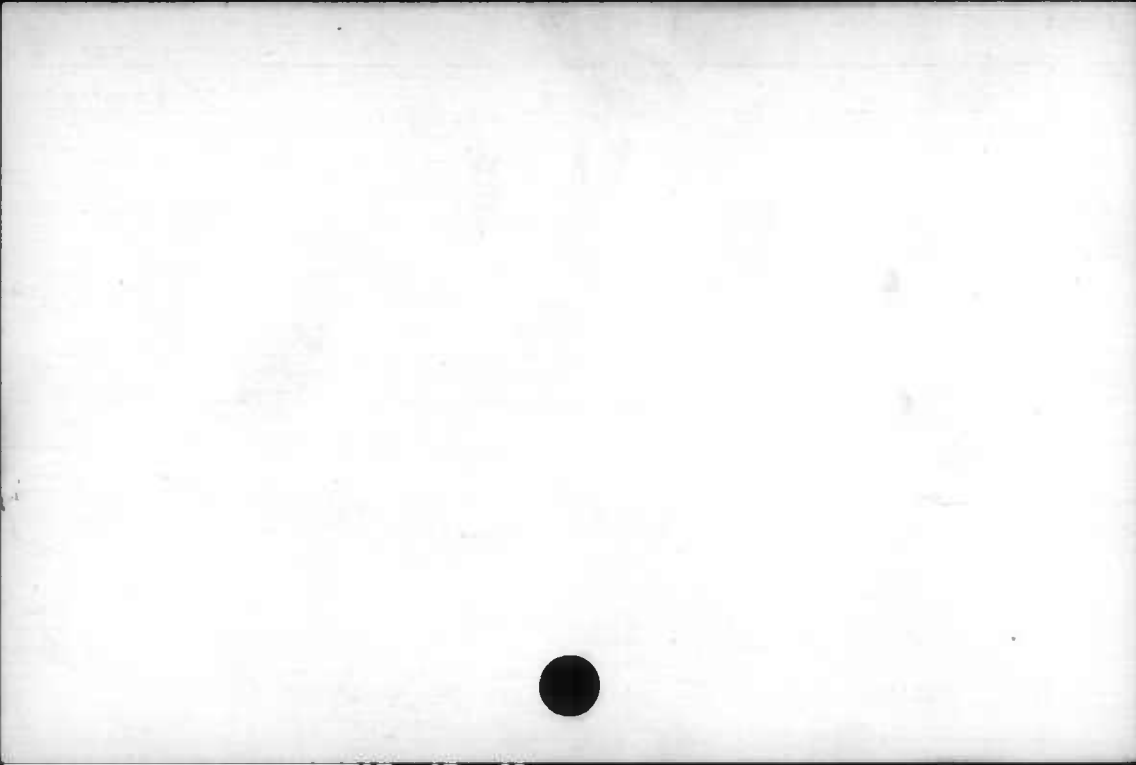
Mary Elizabeth Brent

CERTIFICATE OF DEATH

Died at ^{Town} Bumbersstone ^{County} A A **MARYLAND**Date of death ^{Month} Nov ^{Day} 7 ^{Years} 3 ^{Months} — ^{Days} — Age 3Sex Female Color or Race Colored Birth-place A A Co., MdOccupation None Where Residing if not at place of death BumbersstoneMarried, Single or Widowed Single Name of Wife or Husband Moses BrentFather's Name Moses Brent Father's Birthplace A A Co MdMother's Maiden Name Mary E Finney Mother's Birthplace A A Co MdName of person giving Information Moses Brent How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia 93 6 daysImmediate Respiratory Failure 2 daysAre the name, age, sex, color, date and place correctly given above? yes.Signature of Physician Madam Cawood MDAddress West River, MdAccident or Suicide neitherTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Melissa McCullough Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

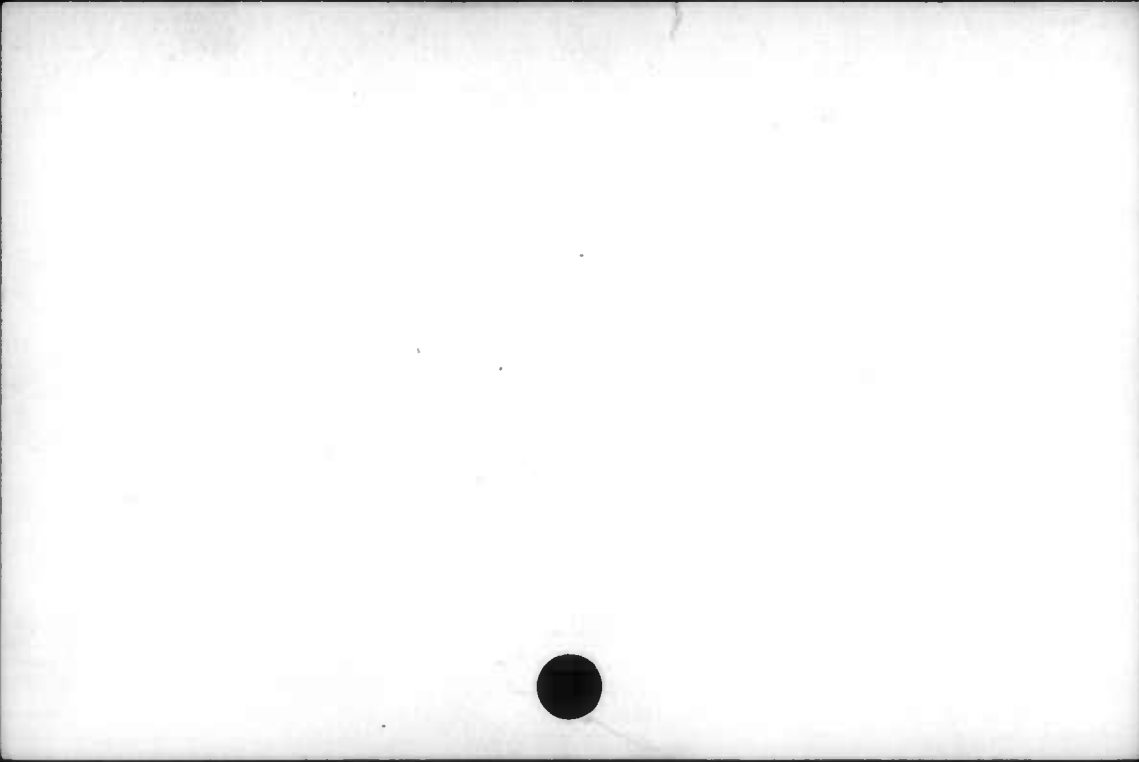
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	November	31	62	5	10
Sex	Color or Race	Birth-place			
Female	White	Annapolis			
Occupation	Where Residing if not at place of death				
none -	Annapolis Maryland				
Married, Single or Widowed	Name of Wife or Husband				
Widow	James H Brown.				
Father's Name	Father's Birthplace				
Passmore McCullough	Cecil Es. M.				
Mother's Maiden Name	Mother's Birthplace				
Matilda Allen	Anne Arundel Es.				
Name of person giving Information	How related to deceased				
Matilda M.C. Brashears	Daughter.				

CAUSES OF DEATH

18

Primary	How long
Facial Erysipelas	Six days.
Immediate	How long
Septicemia	Two days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Geo. Wells
Accident or Suicide	Address
Yes.	Annapolis Md

PHYSICIAN
OR CORONER



Name
in FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *Annie Cermak* County *A.A.* MARYLAND

Died at *So. Balto -* Town *So. Balto -*

Date of death *1909* Month *Nov* Day *15* Age *5* Years *21* Months *5* Days *21*

Sex *Female* Color or Race *white* Birth-place *So. Balto. Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Frank Cermak* Father's Birthplace *Europe*

Mother's Maiden Name *Frances Zapatosky* Mother's Birthplace *Europe*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

Primary

Enterocolitis

How long

2 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thos B. Horton M.D.

So. Balto. Md

Accident or Suicide?



Name
in Full

Pearl Chambers

CERTIFICATE OF DEATH

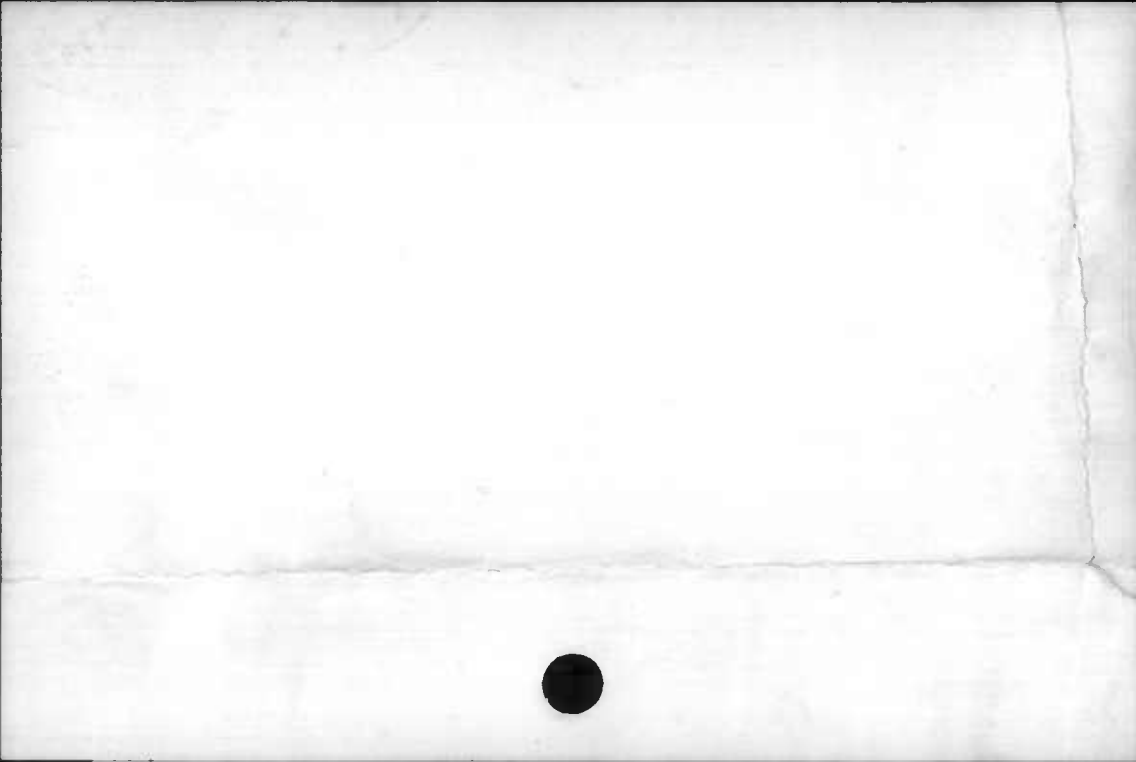
Died at <u>South River</u> ^{Town}		<u>a a</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>Nov</u> ^{Month}	<u>19</u> ^{Day}	Age <u>1</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Coler</u>		Birth-place <u>a a C Md</u>		
Occupation			Where Residing if not at place of death <u>South River</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>Mary Chambers</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>Mary Chambers</u>		Mother's Birthplace <u>a a C Md</u>			
Name of person giving Information <u>Joseph Turner</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

Primary <u>Typhoid fever</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Callison</u>
	Address <u>South River</u>
Accident or Suicide <u>Neither</u>	<u>MD</u>

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Town		County		MAYLAND	
Emily Rebecca Sappington Clark		Sappington Station		Anne Arundel		MARYLAND	
Died at		Month		Day		Years	
Date of death		1909		14		77	
Sex		Female		Color or Race		White	
Occupation		Housekeeper		Birth-place		A. A. C. M.	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Augustin Clark				Father's Birthplace	
Mother's Maiden Name		Lydia Sappington				Mother's Birthplace	
Name of person giving Information		Annie Bell				How related to deceased	
						none	
CAUSES OF DEATH							
Primary		Chronic Bronchitis with complications of Heart + Stomach				How long	
Immediate		Eyesore weakness				48 Hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Sam H. Andersen M.D.	
				Address		Woodwardville M.D.	
Accident or Suicide							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Name
in
Full

CERTIFICATE OF DEATH

Viola Clark

Town

County

MARYLAND

Died at

Annapolis

Annie Arundel

Date

of death

1909

Month

Nov

Day

24

Age

Years

7

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Samuel Clark

Father's
Birthplace

Balto Md

Mother's
Maiden Name

Maggie Richardson

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Samuel Clark

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Convulsion

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*P. D. [Signature]
60 Cathedral St,
Annapolis Md*

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

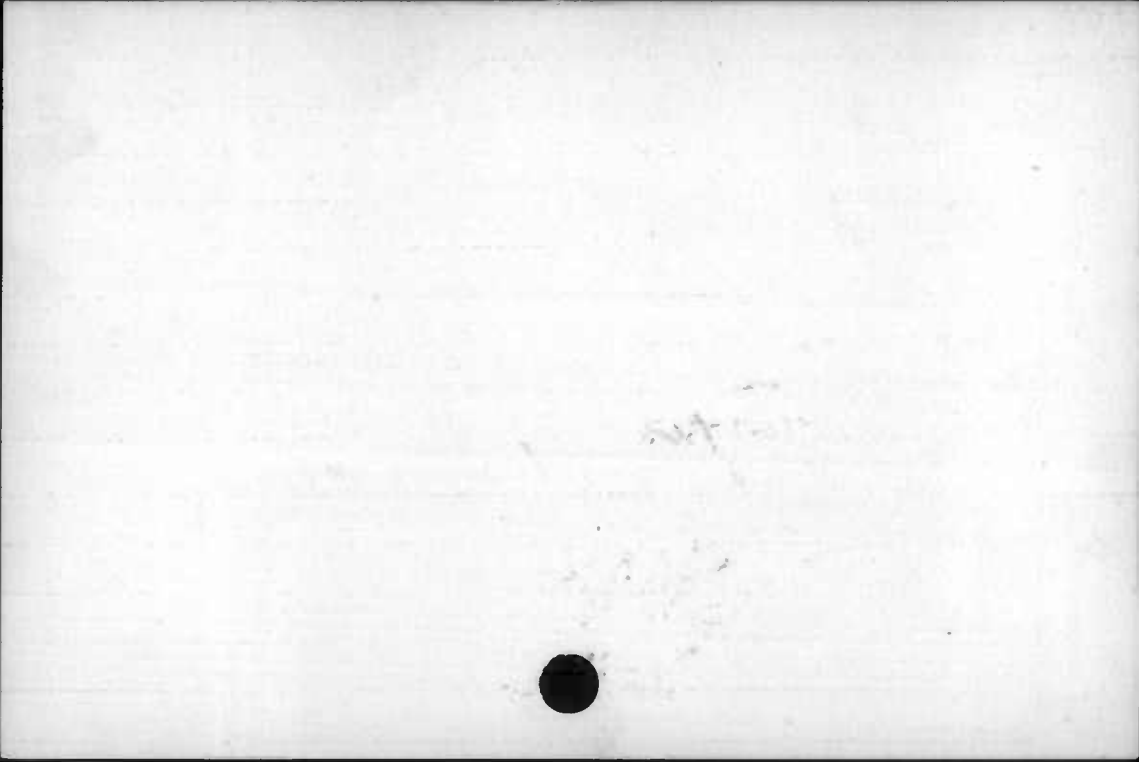
Name in Full <i>Mariyah Cook</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>Don't know, about 60 yrs</i>	
Date of death <i>1909</i>		Year <i>Nov</i>		Months <i>about</i>		Days <i>60 yrs</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>King George St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Cook</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Percilla Cook</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Mary A Stepien</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonitis (Acute)</i>	How long <i>5 days</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>F. H. Thompson, M.D.</i>
	Address
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

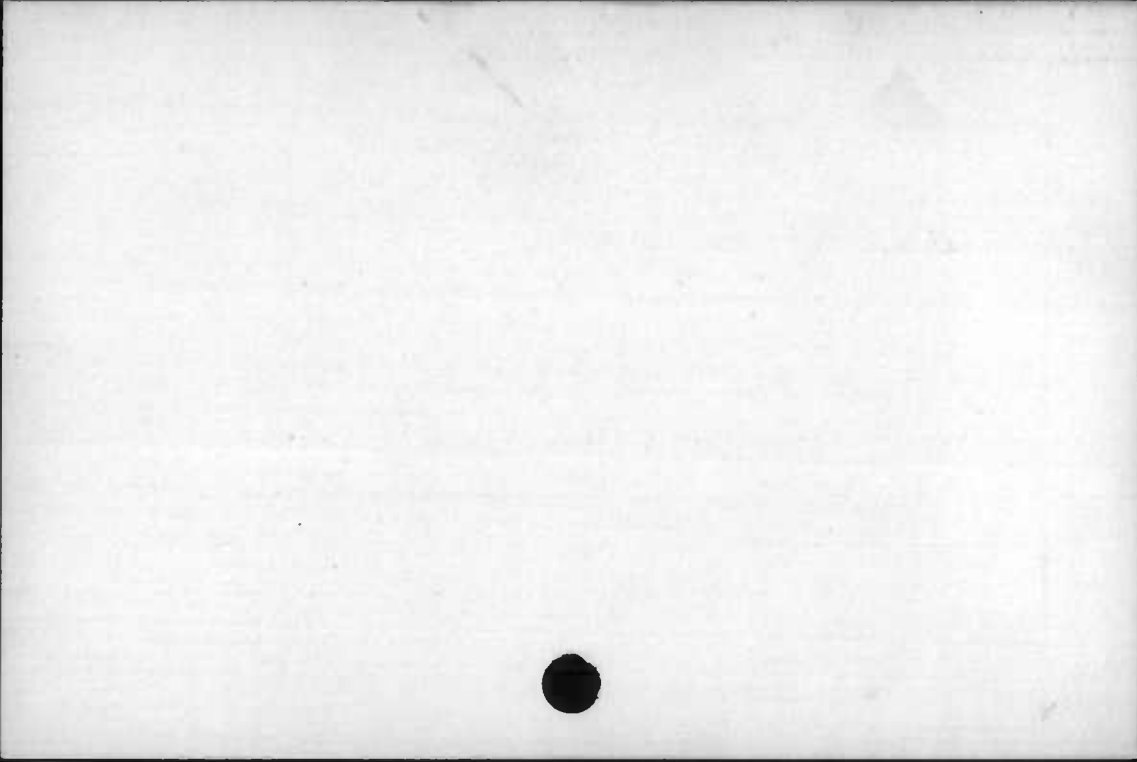
Died at <i>Jessup</i> Town		County <i>A.A.</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>11</i>	Day <i>4</i>	Age <i>48</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Jessup</i>	
Occupation <i>Labour</i>		Where Residing if not at place of death <i>Jessup</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Horry</i>			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Guilford</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. H. Hankamp</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. A. Hammond</i>	
		Address <i>Jessup Md</i>	
Accident or Suicide?			



Name
in
Full

Ethel Easton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lothian ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Nov. ^{Day} 17 Age 12 ^{Years} + ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place Lothian

Occupation House girl Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Washington Easton Father's Birthplace Calvert Co.

Mother's Maiden Name Mary Thomas Mother's Birthplace A. A. Co.

Name of person giving Information Washington Easton How related to deceased Father

CAUSES OF DEATH

99

Primary Not Known How long ✓

Immediate Abscess of Lung How long 2 1/2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Michael Curwood M.D.

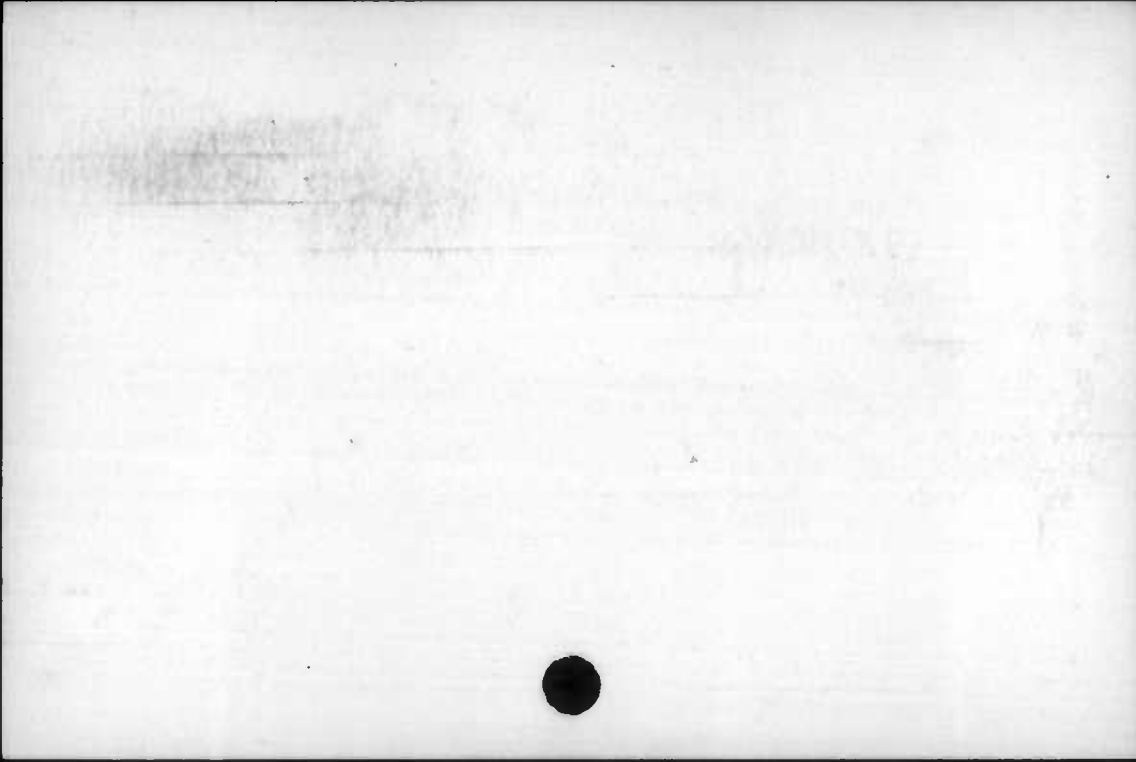
Address West River

Accident or Suicide ✓

PHYSICIAN
OR CORONER



Name in Full		Sherman W Fountain				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchton	Town	A. A.	County	MARYLAND		
	Date of death	1909	Month	Nov	Day	25	Age	1
	Sex	Male	Color or Race	Colored	Birth-place	Balti. Md		
	Occupation	none			Where Residing if not at place of death	—		
	Married, Single or Widowed	Single	Name of Wife or Husband	—				
	Father's Name	John W Fountain				Father's Birthplace	Md	
	Mother's Maiden Name	Lillie Harris				Mother's Birthplace	Balti Md	
Name of person giving information	Lillie Harris				How related to deceased	Mother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div> </div>								
PHYSICIAN OR CORONER	Primary	Enteric Colitis				How long	1 mo.	
	Immediate	Exhaustion				How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. Dent	
	Address	Churchton						
Accident or Suicide? —								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born French

Died at West Ammaphot a a bo

MARYLAND

Date of death 1909 Nov 16 Age 1 Months 0 Days

Sex Male Color or Race White Birth-place West Ammaphot

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name William French

Father's Birthplace In

Mother's Maiden Name Edith Mumford

Mother's Birthplace In

Name of person giving Information William French

How related to deceased Father

CAUSES OF DEATH

Primary Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Still Born.



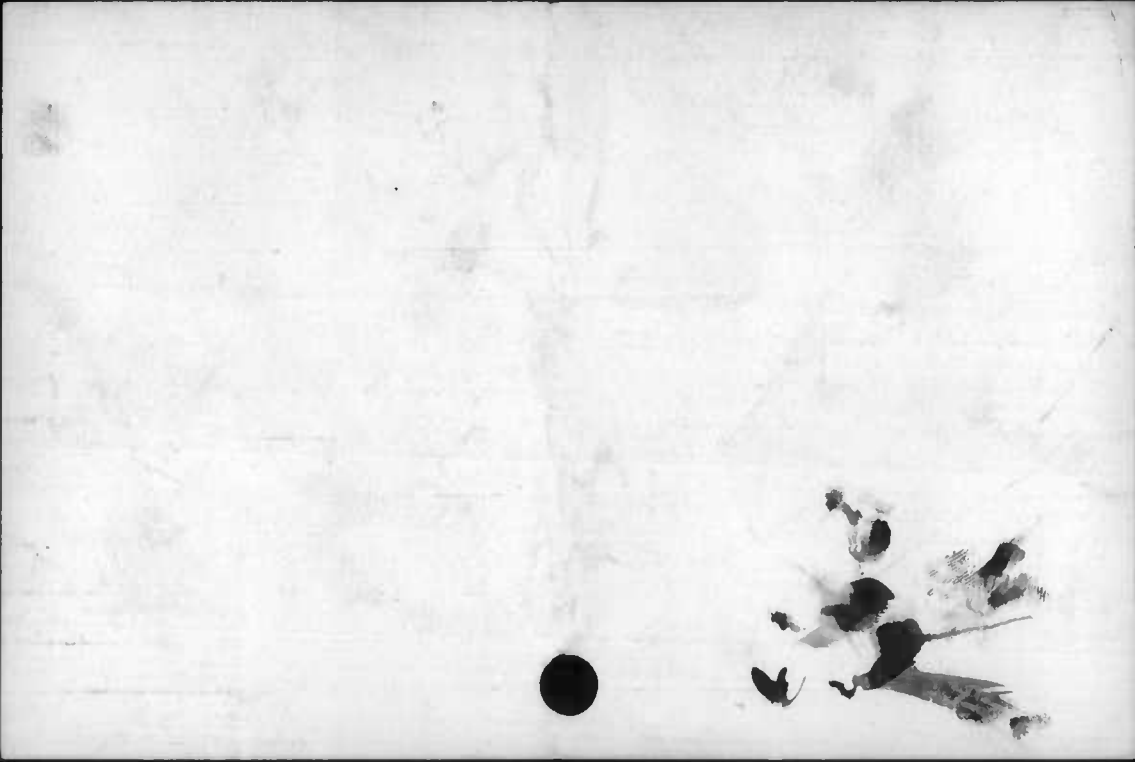
~~James Harrison~~
J. Mumford H. O.

Accident or Suicida

PHYSICIAN
OR CORONER



Name in Full		Galloway				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>East Port</u> ^{Town}		<u>W & Co</u> ^{County}		MARYLAND		
	Date of death <u>1909 Nov</u> ^{Month}		<u>22nd</u> ^{Day}		<u>7</u> ^{Years}		<u>10</u> ^{Months}
	<u>Female</u> ^{Sex}		<u>col</u> ^{Color or Race}		<u>Tom</u> ^{Birth-place}		
	<u>Occupation</u>		<u>Where Residing if not at place of death</u>				
	<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u>				
	<u>Father's Name</u> <u>George Galloway</u>		<u>Father's Birthplace</u> <u>W & Co</u>				
<u>Mother's Maiden Name</u> <u>Amelia Dickson</u>		<u>Mother's Birthplace</u> <u>W & Co</u>					
<u>Name of person giving information</u> <u>Father</u>		<u>How related to deceased</u>					
<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div>72 ✓</div> </div>							
PHYSICIAN OR CORONER	Primary <u>Influenza Vascentium</u>		<u>How long</u> <u>Three days</u>				
	Immediate <u>Exhaustion</u>		<u>How long</u> <u>Gradual</u>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ricout</u>				
	<u>yes</u>		Address <u>Annapolis Md</u>				
Accident or Suicide?							



Name in Full		Annie Matilda Griffin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Dudley		^{County} Allen		MARYLAND	
		Date of death 1909 Nov 13		Age 66		Months 2 Days 17	
		Sex Female		Color or Race Colored		Birth-place A. A. Co.	
		Occupation Housewife		Where Residing if not at place of death			
		Married, Single or Widowed Married		Name of Wife or Husband Thomas Griffin			
		Father's Name Charles F. Coates		Father's Birthplace Unknown			
		Mother's Maiden Name Sidney Harvins		Mother's Birthplace Unknown			
		Name of person giving information Thomas Griffin		How related to deceased Husband			
		CAUSES OF DEATH				(81) ✓	
PHYSICIAN OR CORONER		Primary Inflammation, Aneurysm of Abdominal Aorta		How long 7 months			
		Immediate Hemorrhage, Shock		How long 12 hours -			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician T. R. W. Wilson			
				Address Churchton A. A. Co. Ind.			
		Accident or Suicide?					

Returned at
Dasmata and

Name
in
Full

Charles Robert Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

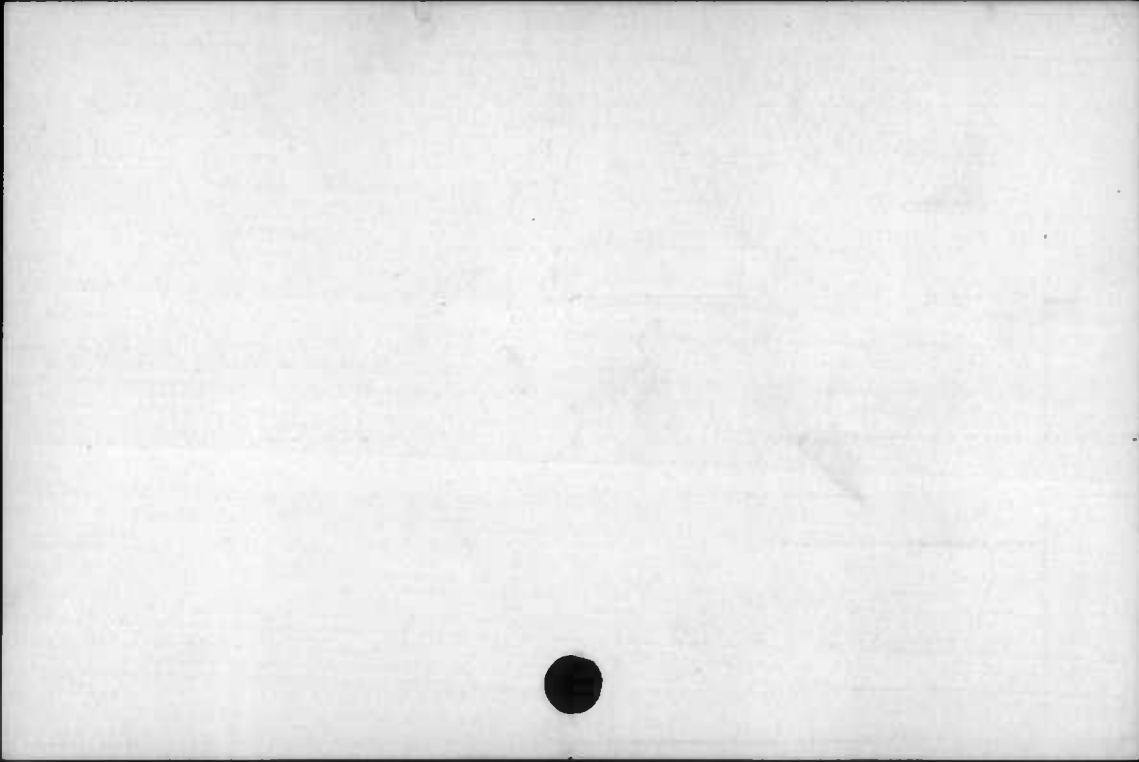
Died at <u>Severn</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	11	Day	29
Age	91	Years	7	Months	29
Sex	Male	Color or Race	White	Birth-place	A. G. Co. Ind.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife <u>Alverta Griffith</u>		
Father's Name	Dennis Griffith		Father's Birthplace A. G. Co. Ind.		
Mother's Maiden Name	Priscilla Phelps		Mother's Birthplace " " "		
Name of person giving information	R. H. Griffith		How related to deceased Son		

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<u>Streptococcus infection</u>		How long	5 days
Immediate	<u>Septicemia</u>		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <u>R. H. Hammond</u>	
			Address <u>Jessup Ind.</u>	
Accident or Suicide?		No		



Name
in
Full

Louis B. W. Greston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i> ^{Town}		<i>a a co</i> ^{County}		MARYLAND			
Date of death	1909	Month	Nov	Day	12		
Age	Years		11		Months	6	
Sex	Male		Color or Race	White		Birth-place	East Port
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	F R. Greston				Father's Birthplace	Newbury	
Mother's Maiden Name	Annie E. Brewer				Mother's Birthplace	Annapolis	
Name of person giving Information	F R. Greston				How related to deceased	Father	

CAUSES OF DEATH

28

Primary	<i>Interocular Mem in 9 days</i>	How long	<i>3 weeks</i>
Immediate	<i>"</i>	How long	<i>"</i>

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Oliver Purvis
Annapolis
Md

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
in
Full

John Haas Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Crabbs Creek, 2^d Dist. ^{County} A. A. C.

MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 28 ^{Age} ^{Years} ^{Months} ^{Days} 1

Sex Male ^{Color or Race} White ^{Birth-place} A. A. C. Md

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name John Haas ^{Father's Birthplace} Germany

Mother's Maiden Name Mary Corrigan ^{Mother's Birthplace} Chicago Ill

Name of person giving Information John Haas ^{How related to deceased} Father

CAUSES OF DEATH

Primary Injuries incidental to delivery

How long 176 ✓

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Jm S Welch
Address Annapolis Md

Accident or Suicide

PHYSICIAN
OR CORONER

10-11-1964
10-11-1964
10-11-1964



Name
in Full

Charles Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

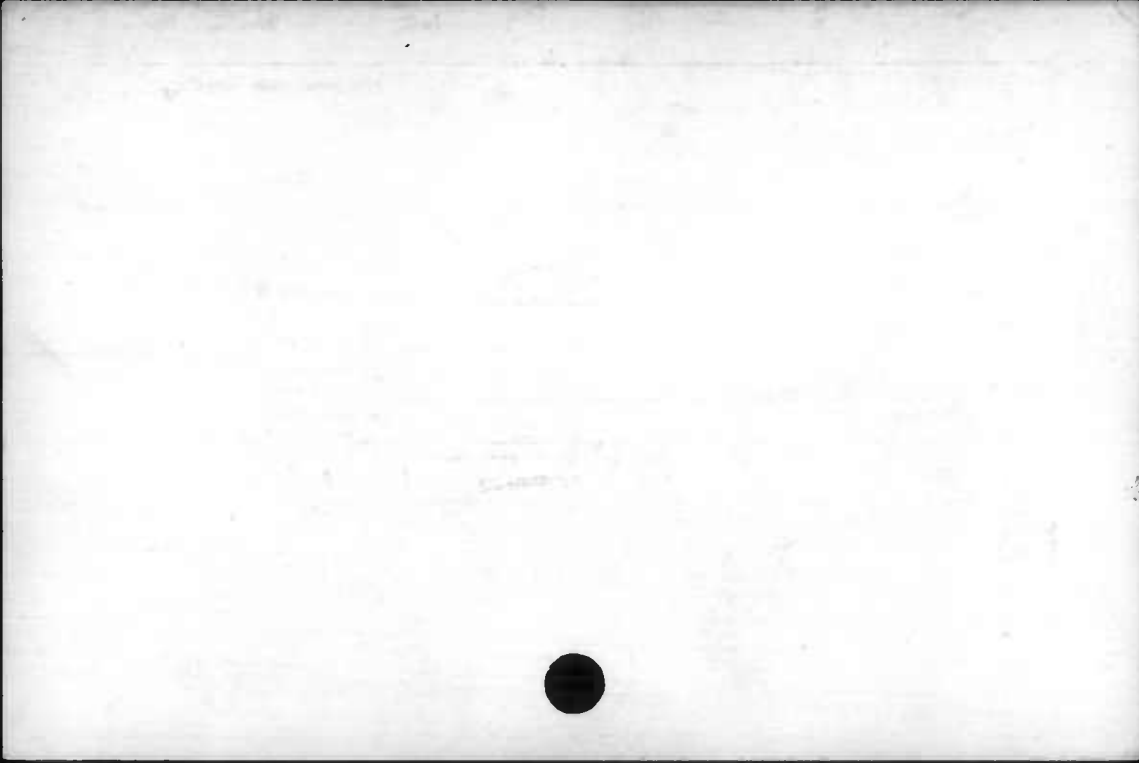
Died at <u>Lothian</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month} <u>Nov.</u> ^{Day}	Age	<u>61</u> ^{Years}	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colard</u>	Birth-place	<u>Calvert Md</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Barrett Randel</u>		
Father's Name	<u>Charles Hall</u>		Father's Birthplace	<u>Calvert Md</u>	
Mother's Maiden Name	<u>Barrett Randel</u>		Mother's Birthplace	<u>Anne Arundel Md</u>	
Name of person giving Information	<u>Samuel Hall</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia & Nephritis</u>	How long	<u>Not known</u>
Immediate	<u>Exhaustion from Hiccough</u>	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wesley R. R. R. M.D.</u>		
	Address <u>West River Md</u>		
Accident or Suicide	<u>Neither</u>		



Name
in
Full

John J. Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Brooklyn

County

aa. Co

Date of death 1909 Nov

Day

30

Years

Age 71

Months

2

Days

—

Sex

mal

Color or
Race

white

Birth-
place

aa Co md

Occupation

Farmer

Where Residing if not
at place of death

residence

Married, Single
or Widowed

married

Name of Wife or
Husband

Causadel L Hammond

Father's
Name

Rexin Hammond

Father's
Birthplace

aa Co

Mother's
Maiden Name

Ann C Thomas

Mother's
Birthplace

aa Co

Name of person giving
information

Causadel Hammond

How related
to deceased

wife

CAUSES OF DEATH

123

Primary

Cystitis, Hepatitis + Myocarditis

How long

same know

Immediate

Cardiac Asthenia + Anasarca

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Henry C. Oble, M.D.

Address

1203 N. Fayette St. Balt. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph William Harris

Town County

Died at Annapolis Neck St. A. Co. Md. MARYLAND

Date of death 1909 Month 1 Day 1 Age 11 Months 24 Days

Sex Male Color or Race Colored Birthplace Annapolis Neck

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John W. Harris Father's Birthplace St. A. Co. Md.

Mother's Maiden Name Julia Brown Mother's Birthplace New York

Name of person giving Information John W. Harris How related to deceased Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Congenital Debility Since Birth

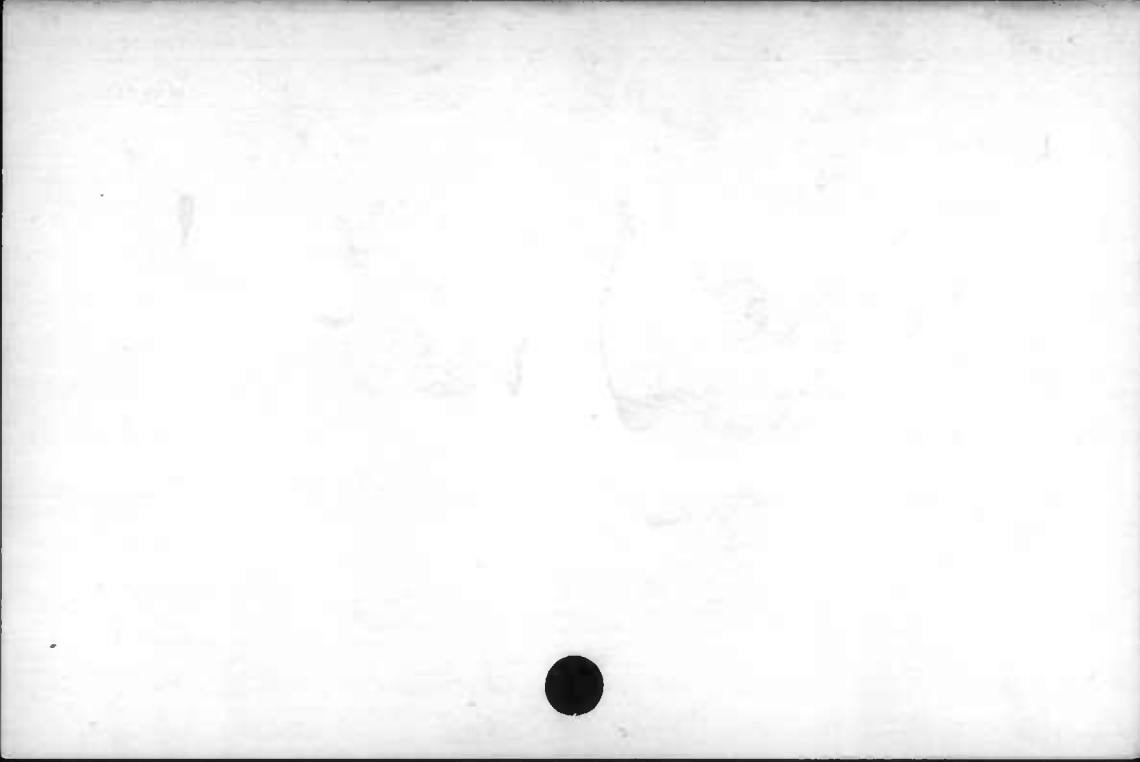
Immediate Exhaustion Gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Ridout

Address Annapolis Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

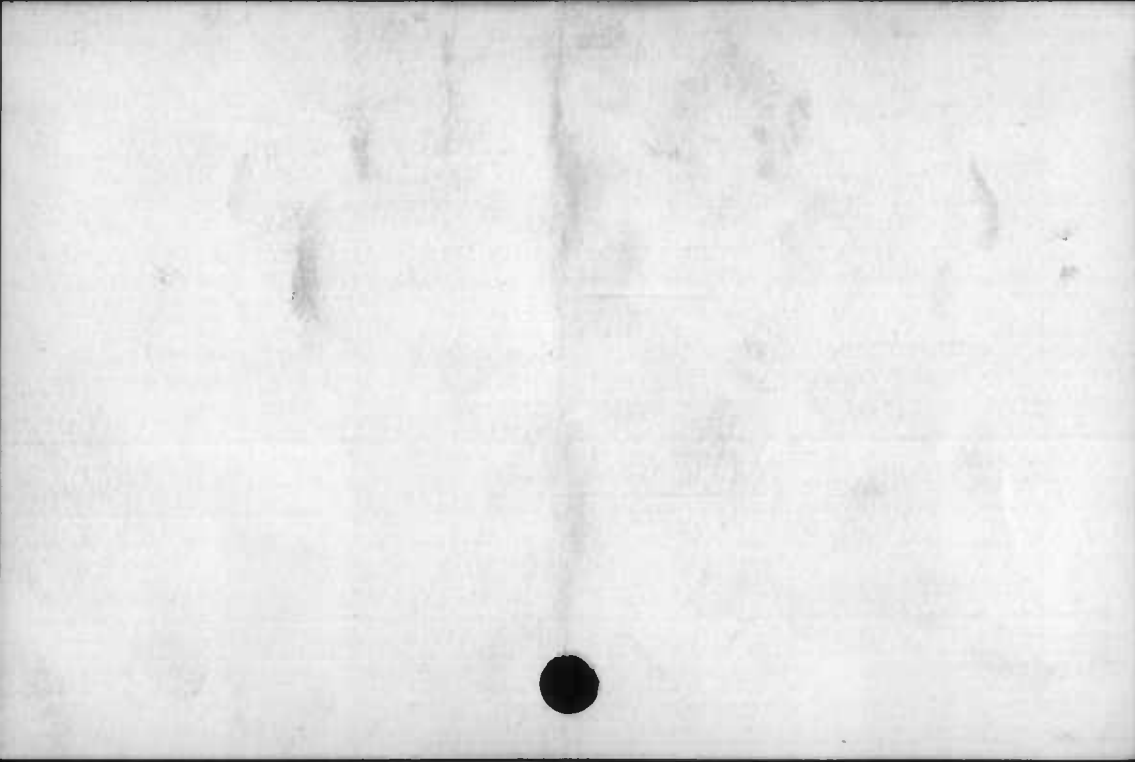
Died at <i>Jessup</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND		
Date of death	<i>1909</i>	Month <i>11</i>	Day <i>11</i>	Age <i>3</i> ^{Years}	Months <i>3</i>	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Baltimore</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>Jessup</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Henry Hayes</i>			Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Albert Green</i>			How related to deceased <i>None</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P.A. Hammond</i>
<i>yes</i>	Address <i>Jessup Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

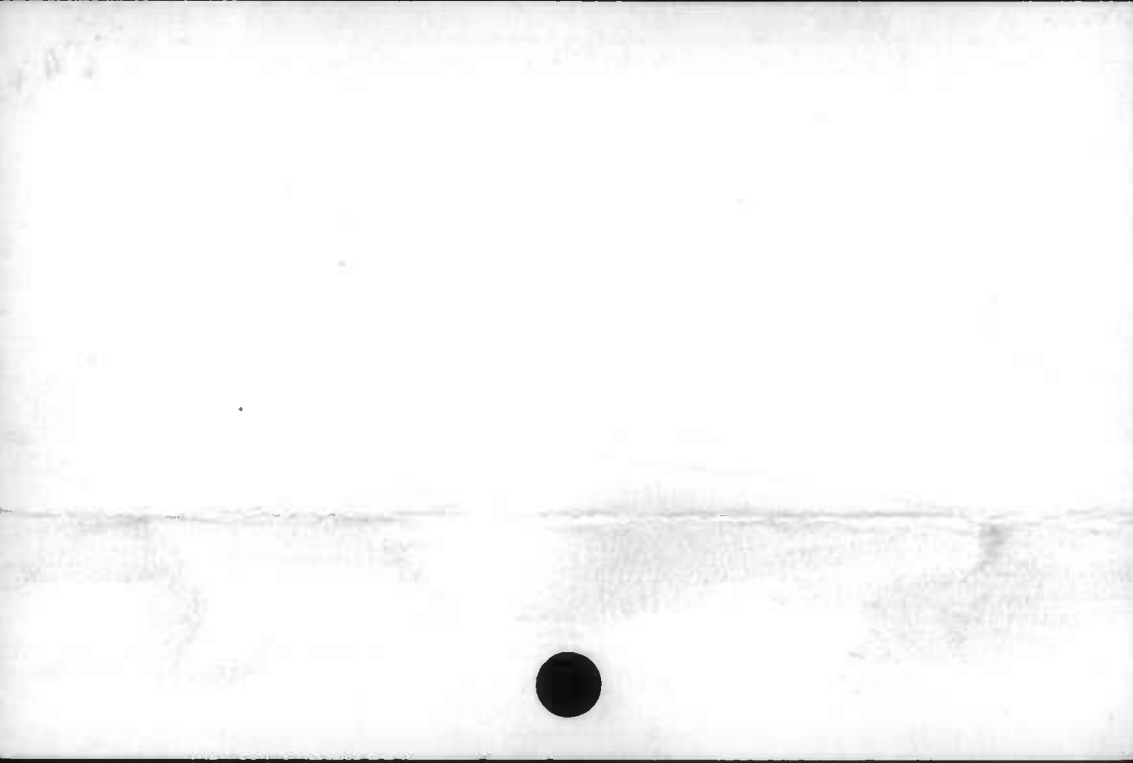
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> Town		<i>Headley</i> County		MARYLAND	
Date of death	1909	Month	Nov.	Day	14
Age	—		Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	—		Birth-place	<i>Laurel</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name <i>D. F. Headley</i>			Father's Birthplace <i>Bristol Pa</i>		
Mother's Maiden Name <i>A. M. Williams</i>			Mother's Birthplace <i>Stephens City Va</i>		
Name of person giving Information <i>D. F. Headley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Still Birth</i>	<i>D</i> How long
Immediate		How long
Are the name, age, sex, color, data and plea correctly given above?	<i>yes</i>	Signature of Physician <i>J. A. Skutt</i> Address <i>Laurel</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Benjamin N. Herget

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

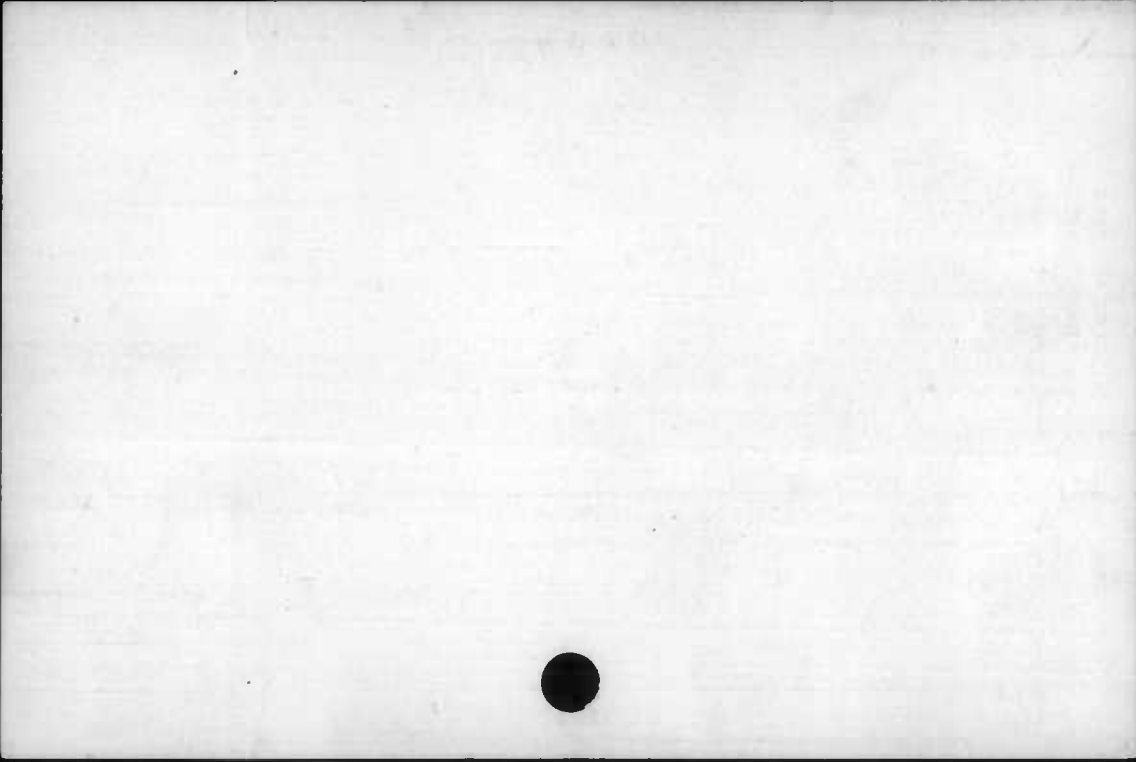
Died at Brooklyn Town			County Anne Arundel County County			MARYLAND		
Date of death 1909		Month Nov.	Day 4	Age 50		Years 6		Months 10
Sex Male			Color or Race White		Birth-place Maryland			
Occupation Farmer				Where Residing if not at place of death XXXXXXXXXXXXX				
Married, Single or Widowed Married			Name of Wife or Husband Jennie E. Herget					
Father's Name Adam Herget				Father's Birthplace Germany				
Mother's Maiden Name Not known				Mother's Birthplace Unknown				
Name of person giving information Jennie E. Herget				How related to deceased Wife				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long 14 hrs
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John E. Police Coroner
		Address
Accident or Suicide?		



Name
in
Full

Michael Hohrnordkor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

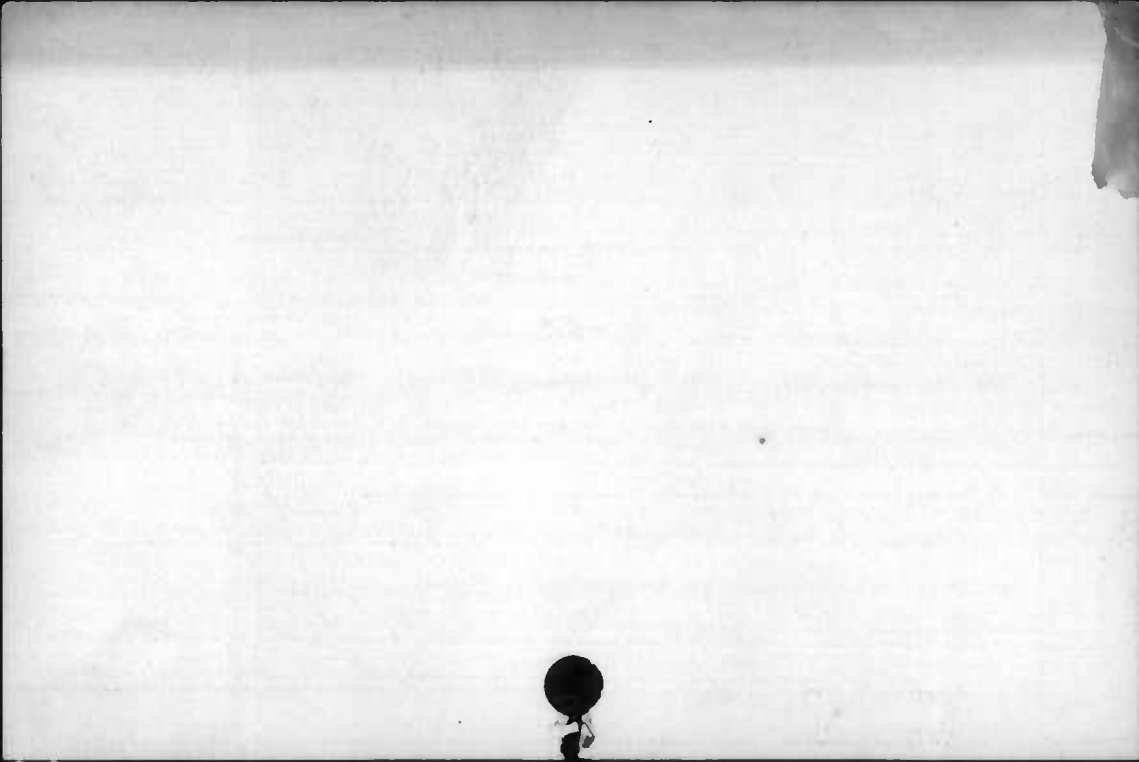
Died at <i>So. Balto</i>		Town <i>So. Balto</i>		County <i>Ad.</i>		MARYLAND	
Date of death	1909	Month	Nov	Day	19	Age	1
Sex		Male		Color or Race		White	
Occupation		—		Birth-place		So. Balto, Md	
Where Residing if not at place of death				—			
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		John Hohrnordkor		Father's Birthplace		Russia	
Mother's Maiden Name		Mary Grebards		Mother's Birthplace		Russia	
Name of person giving information		Mary Hohrnordkor		How related to deceased		mother	

CAUSES OF DEATH

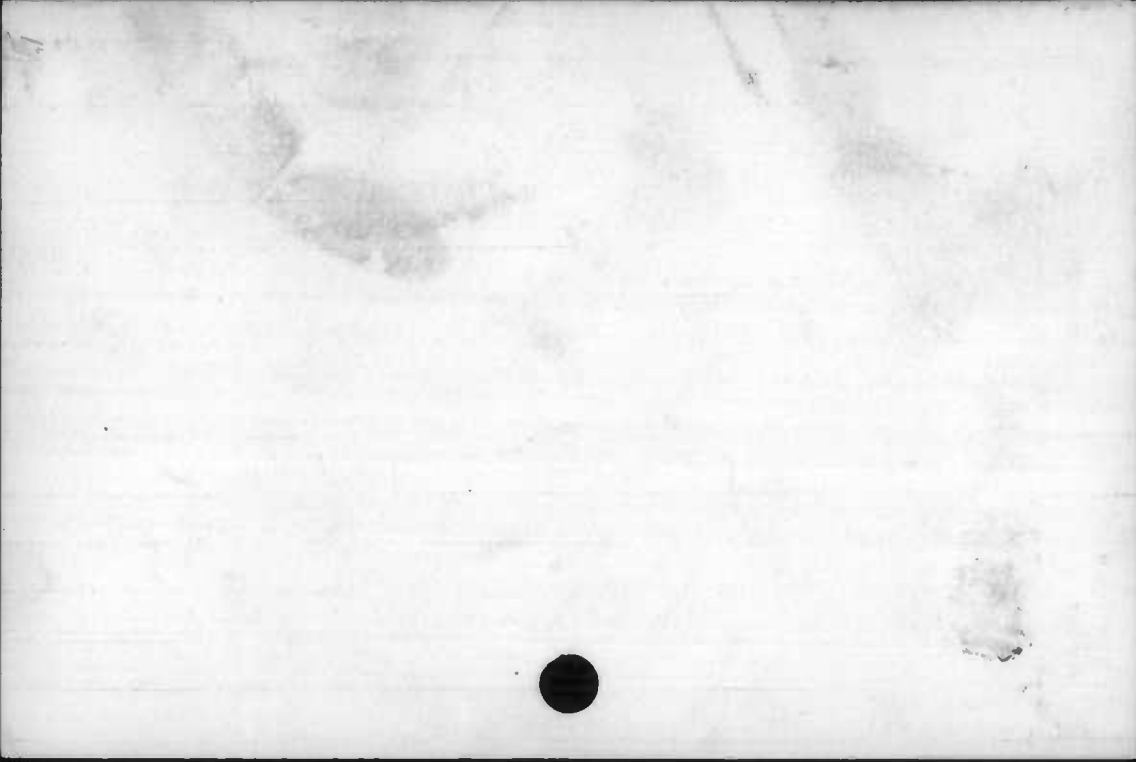
PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Thos. B. Horton M.D.	
Address		So. Balto, Md -	

Suicide or Suicide?



Name in Full		Armita Holland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>new Churchton</i>		County <i>Anne Arundel</i>		MARYLAND	
	Date of death	1909	Month <i>Nov.</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>
							Days <i>20</i>
	Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place <i>new Churchton Md</i>
	Occupation	<i>—</i>			Where Reading if not at place of death <i>—</i>		
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>			
FATHER'S NAME	Father's Name <i>Jacob A. Holland</i>				Father's Birthplace <i>A.A. Co. Md</i>		
	Mother's Maiden Name <i>Mary E. Johnston</i>				Mother's Birthplace <i>Calvert Co. Md</i>		
	Name of person giving information <i>Jacob A. Holland</i>				How related to deceased <i>Father</i>		
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">150</div> </div>						
PHYSICIAN OR CORONER	Primary	<i>Infantile Valvular Disease of Heart</i>				How long	<i>3 mo 2 days</i>
	Immediate	<i>Heart failure, improper circulation of blood</i>				How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>J. P. W. Wilson</i>		
					Address <i>Churchton, Md.</i>		
	Accident or Suicide?						



Name
in
Full

Louma Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adenton</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>21</i>	Age <i>28</i>	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>R.R.C. Md</i>		
Occupation <i>Home wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Holmes</i>				
Father's Name <i>John Bradley</i>	Father's Birthplace <i>R.R.C. Md</i>				
Mother's Maiden Name <i>Sally Smith</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John Holmes</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Immediate Pythiosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Cesar H. McNeer MD</i>
	Address <i>Adenton Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ellen Hume
Town County

Died at

Brooklyn Anne Arundel

MARYLAND

Date

of death

1909 11th 24

Age

Years

Months

Days

67

3

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

Brooklyn

~~Married~~ Single
~~Widowed~~

Widow

Name of Wife or
Husband

Henry Hume

Father's
Name

John Ward

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Ward

Mother's
Birthplace

Md

Name of person giving
Information

Ellen Hume

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Nephritis, Interstitial

How long

120

1 month

Immediate

Cordis, Failure

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Lohman

Brooklyn

Md

Accident or Suicide

PHYSICIAN
OR CORONER

William Cook
Undertaker
502. E. North Ave.

Interment
Baltimore Cem.
Nov 26th 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Hunt</i>		Town <i>St. Marys</i>		County <i>A. A.</i>		State MARYLAND	
Died at <i>St. Marys</i>		Month <i>Nov</i>		Day <i>11</i>		Years <i>1903</i>	
Date of death <i>1903 Nov 11</i>		Age <i>1 1/2</i>		Months <i>12</i>		Days <i>hours</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>St. Marys Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Silbert Hunt</i>				Father's Birthplace <i>St. Marys Md.</i>			
Mother's Maiden Name <i>Rebecca Hennessy</i>				Mother's Birthplace <i>St. Marys Md.</i>			
Name of person giving Information <i>Henry Wilson</i>				How related to deceased <i>St. Marys Md.</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>2</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Ridout</i>	
		Address <i>St. Marys Md.</i>	
Accident or Suicidal			



Name
in
Full

Edna. Jeffery.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <u>Hanover</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1909	Month	11	Day	6
Age		17		Years	3
Sex	Female		Color or Race	White	
Occupation	<u>Schoolgirl</u>		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	<u>Mr E. Jeffery.</u>		Father's Birthplace	Maryland	
Mother's Maiden Name	<u>Virginia Stewart</u>		Mother's Birthplace	Maryland	
Name of parson giving information	<u>Geo W. Jeffery</u>		How related to deceased	Brother.	

CAUSES OF DEATH

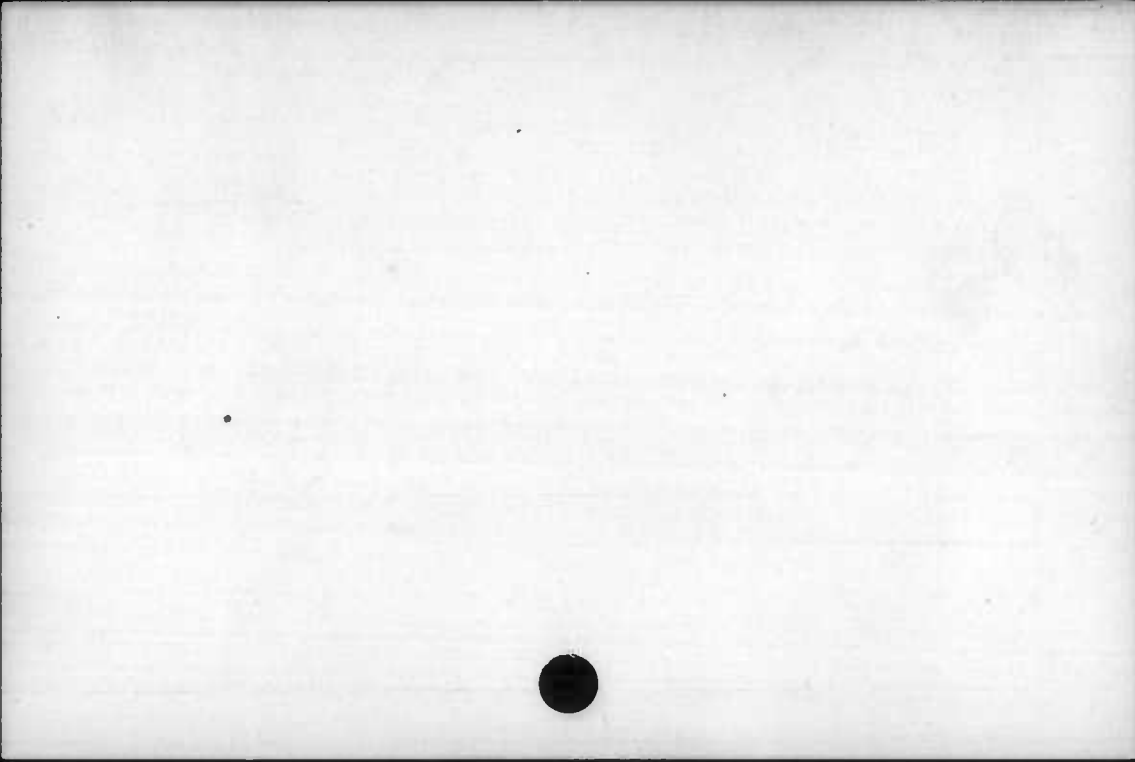
79

PHYSICIAN
OR CORONER

Primary	<u>Mitral & Tricuspid incompetency</u>	How long	<u>11 months</u>
Immediate	<u>Complete failure of compensation</u>	How long	<u>24 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>Thos. P. Benson</u>	
Address		<u>Hanover Md.</u>	
Accident or Suicide?			



Name in Full		Dead born <i>Jiran</i>				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>East Brooklyn</i> <i>A.C.</i> County				MARYLAND				
		Date of death <i>1909</i>		Month <i>Nov</i>	Day <i>23</i>	Age <i>—</i>		Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>East Brooklyn, Md.</i>				
		Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>						
		Father's Name <i>Charles Jiran</i>				Father's Birthplace <i>Austria</i>				
Mother's Maiden Name <i>Teresa Baumann</i>				Mother's Birthplace <i>Austria</i>						
Name of person giving information <i>Charles Jiran</i>				How related to deceased <i>Father</i>						
		CAUSES OF DEATH				<i>8</i> ✓				
PHYSICIAN OR CORONER		Primary <i>Dead born</i>				How long				
		Immediate				How long				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Thos. B. Horton M.D.</i>				
						Address <i>So. Balto, Md</i>				
		<i>Accident or Suicide?</i>								



Name
in
Full

Matthew M. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Marys</i>		Town <i>St. Marys</i>		County <i>St. Marys</i>		MAYLAND	
Date of death <i>1909</i>		Month <i>Nov.</i>		Day <i>27</i>		Age <i>24</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>St. Marys</i>		Months <i>4</i> Days <i>24</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Wesley Johnson</i>				Father's Birthplace <i>St. Marys</i>			
Mother's Maiden Name <i>Pamela Anderson</i>				Mother's Birthplace <i>St. Marys</i>			
Name of person giving Information <i>Wesley Johnson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

93

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>6 days</i>	
Immediate <i>Convulsions</i>		How long <i>30 minutes</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Redman</i>	
Accident or Suicide		Address <i>St. Marys Md</i> <i>R. 2. St. Marys</i>	



Name
in
Full

Charlie Kripelka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>So. Balto</u>		County <u>B. & A.</u>		MARYLAND	
Date of death		Month <u>Nov</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u>	Days <u>—</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth place	<u>So. Balto, Md</u>
Occupation	<u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>—</u>			Name of Wife or Husband <u>—</u>			
Father's Name	<u>Rudolph Kripelka</u>				Father's Birthplace	<u>Bohemia</u>	
Mother's Maiden Name	<u>Ludmila Podner</u>				Mother's Birthplace	<u>Bohemia</u>	
Name of person giving information	<u>Rudolph Kripelka</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>4 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>at once</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Thos. B. Stanton M.D.</u>	
		Address	
		<u>So. Balto, Md</u>	



Name
in
Full

Mary Lige Landford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brooklyn</i>		County <i>aa</i>		MARYLAND	
Date of death	1905	Month 11	Day 23	Age —	Years —	Months 4	Days 18
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Ma</i>				
Occupation —			Where Residing if not at place of death —				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Earl Landford</i>		Father's Birthplace <i>Mon-</i>					
Mother's Maiden Name <i>Fannie Potter</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving In formation <i>Earl Landford</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Convulsion</i>	How long <i>2 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Broome</i>
	Address —
Accident or Suicide?	



Name
in
Full

Stillborn Mc Gowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1909		Nov.		19		—	
Sex		Color or Race		Birthplace		Days	
Female		Colord		Annapolis		—	
Occupation		Where Residing if not at place of death					
Unknown		No. 105. Washington St.					
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Father's Birthplace					
Robert - Mc Gowan.		Annapolis					
Mother's Maiden Name		Mother's Birthplace					
Alexzema Samuels		Annapolis					
Name of person giving Information		How related to deceased					
Mary. S. Parker		Grandmother					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Stillborn

How long

8

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

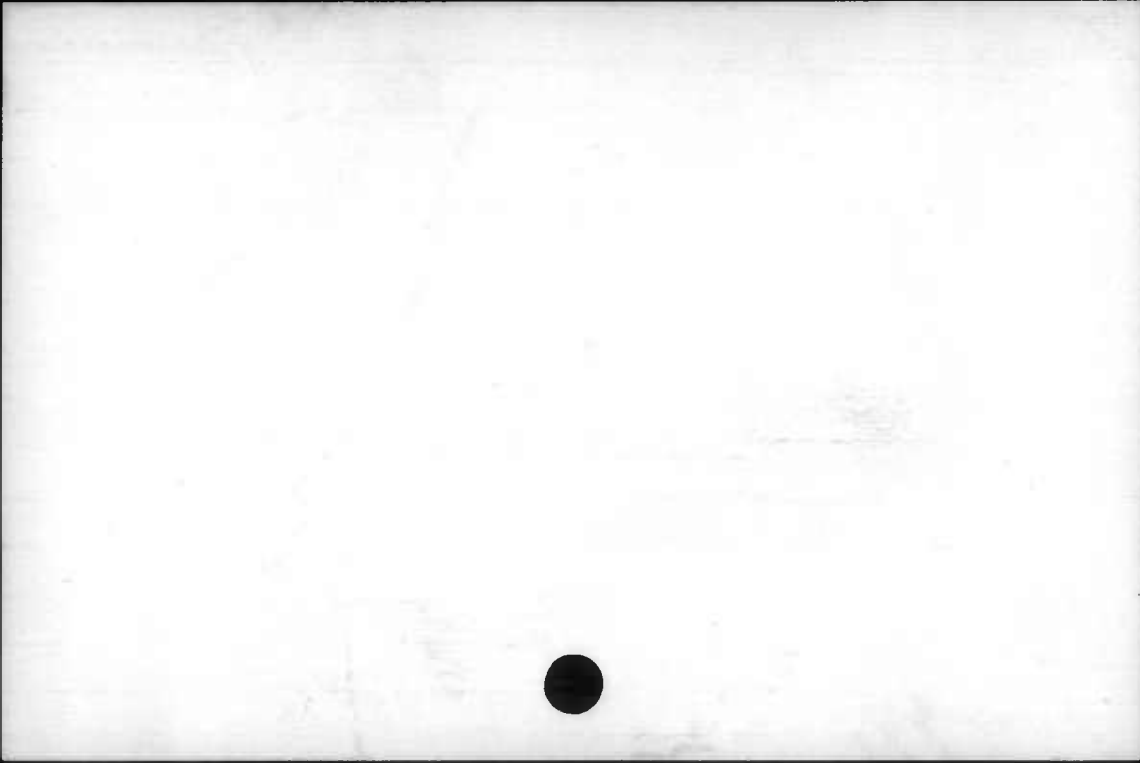
Yes

Signature of Physician

Address

John Ridout
Annapolis

Accident or Suicide



Name
in
Full

Rachel Marshall

CERTIFICATE OF DEATH

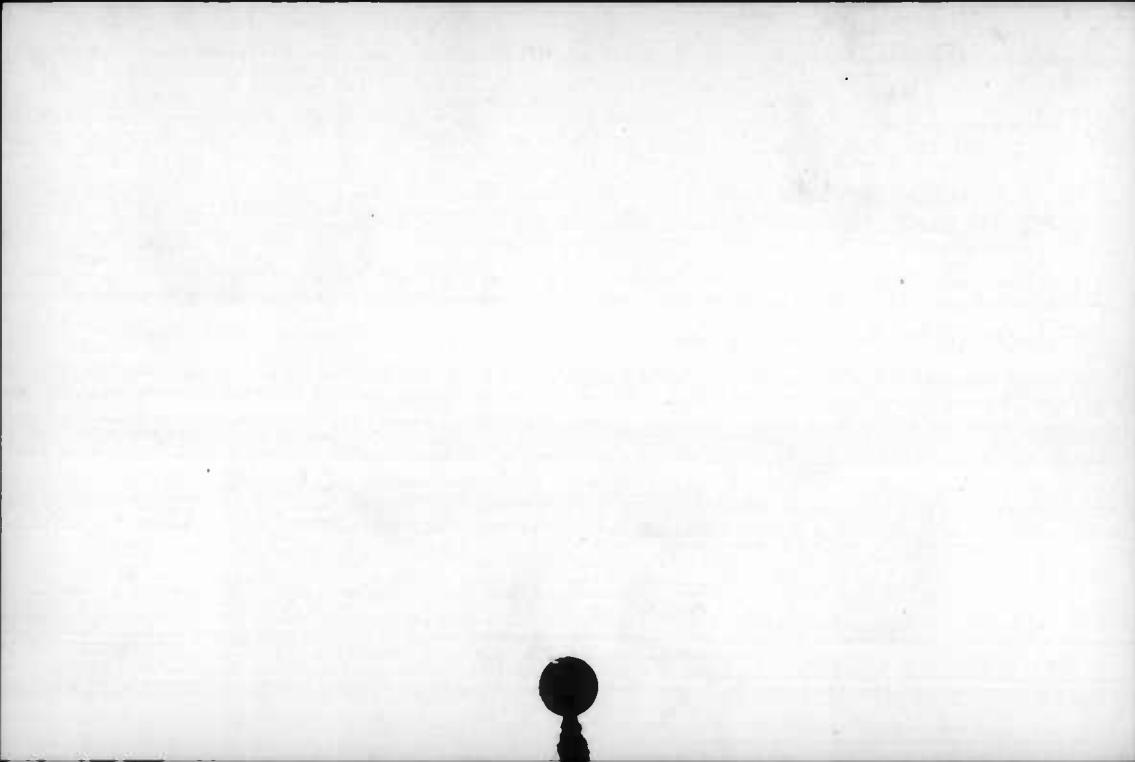
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seale</u> Town		County <u>A.A.</u>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Nov</u>	Day <u>9</u>	Age <u>83</u> Years	Months <u>-</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Midwife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Geo Marshall</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Jane Crandell</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>R. A Marshall</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>3 days</u>
Immediate <u>Pulmonary Edema</u>	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. T. Dent</u>
	Address <u>Churckton</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louise M. Martin
Town *Annapolis* County *A. A.*
Died at

MARYLAND

Date of death *1909 Nov. 7* Age *39*
Month Day Years

Months Days

Sex *Female* Color or Race *White*

Birth-place *Balto. city*

Occupation *Housewife*

Where Residing if not
at place of death

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *John B. Martin*

Father's Name *John Ferretta*

Father's Birthplace *Italy*

Mother's Maiden Name *Jessy Petaliatta*

Mother's Birthplace *Italy*

Name of person giving Information *Mary Cella*

How related to deceased *Sister*

CAUSES OF DEATH

112 ✓

Primary *Cirrhosis of Liver*

How long *6 weeks*

Immediate *Asstenda*

How long *two days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Geo. Wells

Address

Annapolis Md.

Accident or Suicida

No

PHYSICIAN
OR CORONER



Name
in
Full

Still Born child of miller

CERTIFICATE OF DEATH

Town

County

Died at

Annapolis md

a. Va. Co

MARYLAND

Date

of death 1909

Month

Nov

Day

4

Years

Age

Months

Days

Sex

Female

Color or
Race

colored

Birth-
place

Annapolis md

Occupation

Where Residing If not
at place of death

Northwest st

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George Miller

Fether's
Birthplace

Annapolis md

Mother's
Maiden Name

Ida Adams

Mother's
Birthplace

Annapolis md

Name of person giving
Information

George Miller

How related
to deceased

father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. P. Reese

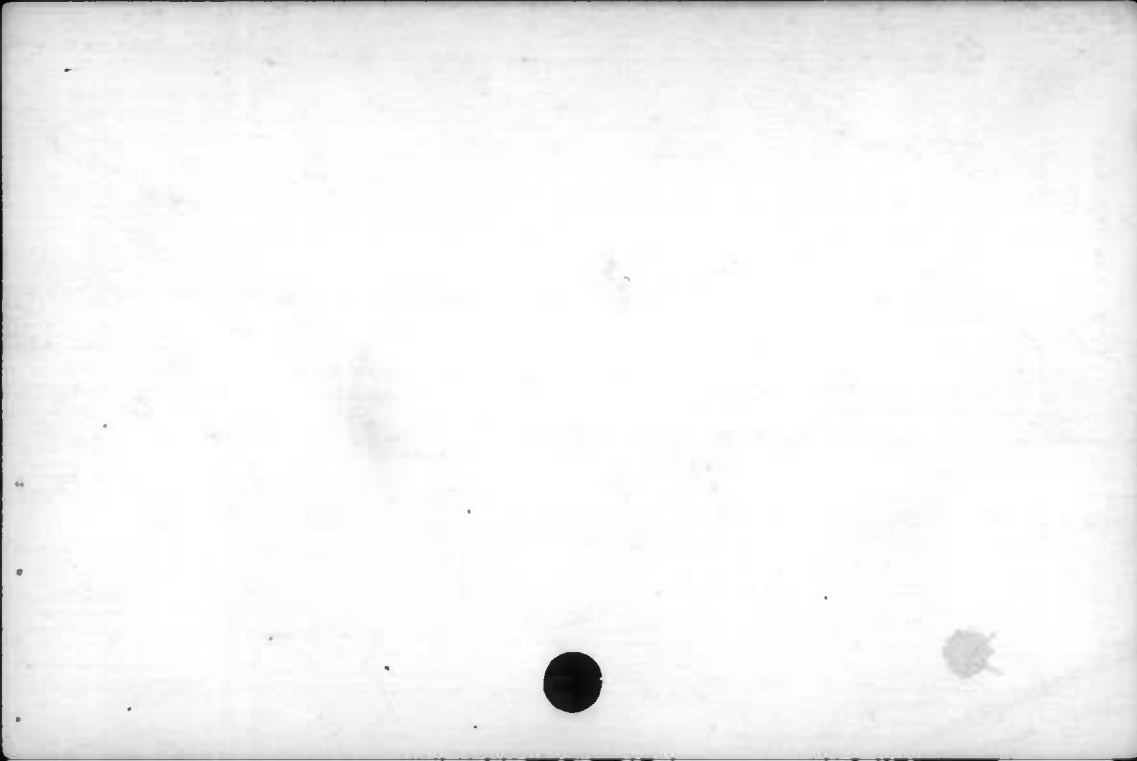
Address

65 Cathedral
Annapolis md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDElizabeth Murdoch
Town County

Died at Annapolis Md.

MARYLAND

Date of death 1909 Nov 16 Age 68
Month Day Years

Months Days

Sex Female Color or Race White Birth-place Unknown

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband George Murdoch

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Emma C. Jones How related to deceased Grand daughter

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 7 days

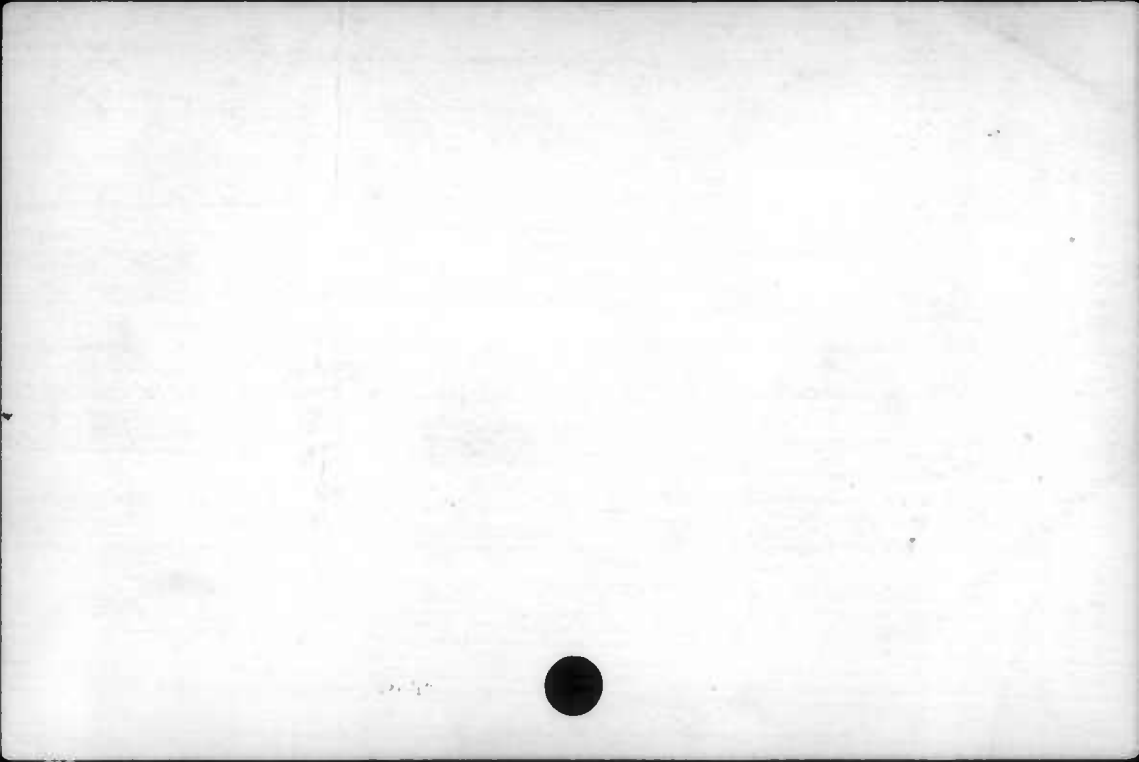
Immediate Cardiac Failure How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Walton H. Hopkins M.D.

Address Annapolis Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Priscilla Parker

Town

County

MARYLAND

Died at Annapolis

Anne Arundel

Date

Month

Day

Years

Months

Days

of death 1909 Nov

Age 62

Sex

Female

Color or
Race

Coloured

Birth-
place

Unknown

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Andrew Parker

Father's
Name

Lottie Bias

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Barrie Parker

How related
to deceased

Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular Heart Disease, Dropsy, Rheumatism. 4 to 5 years

How long

Some years

Immediate

Heart failure

How long

About 5 years

Are the name, age, sex, color, date
and place correctly given above?

Yes except

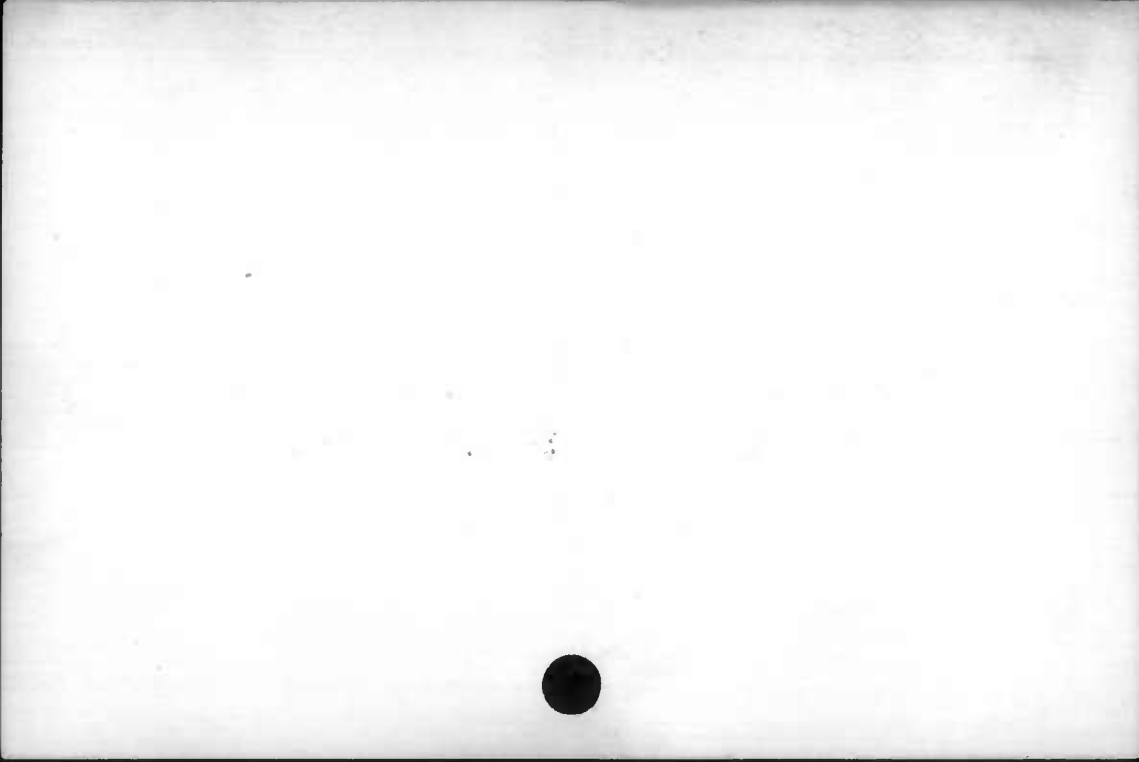
Signature of
Physician

Address

Chas. B. Stuart

Annapolis, Maryland

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Robert O. Perry

Town

County

MARYLAND

Died at

Nutville

Anne Arundel

Date

of death

1909 Nov.

Day

8

Age

Years

32

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Clerk

Where Residing if not
at place of death

Annapolis, Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Eudora Perry

Father's
Name

William E. Perry

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Grandee

Mother's
Birthplace

Md.

Name of person giving
Information

John Perry

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

18 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. H. Gerrie

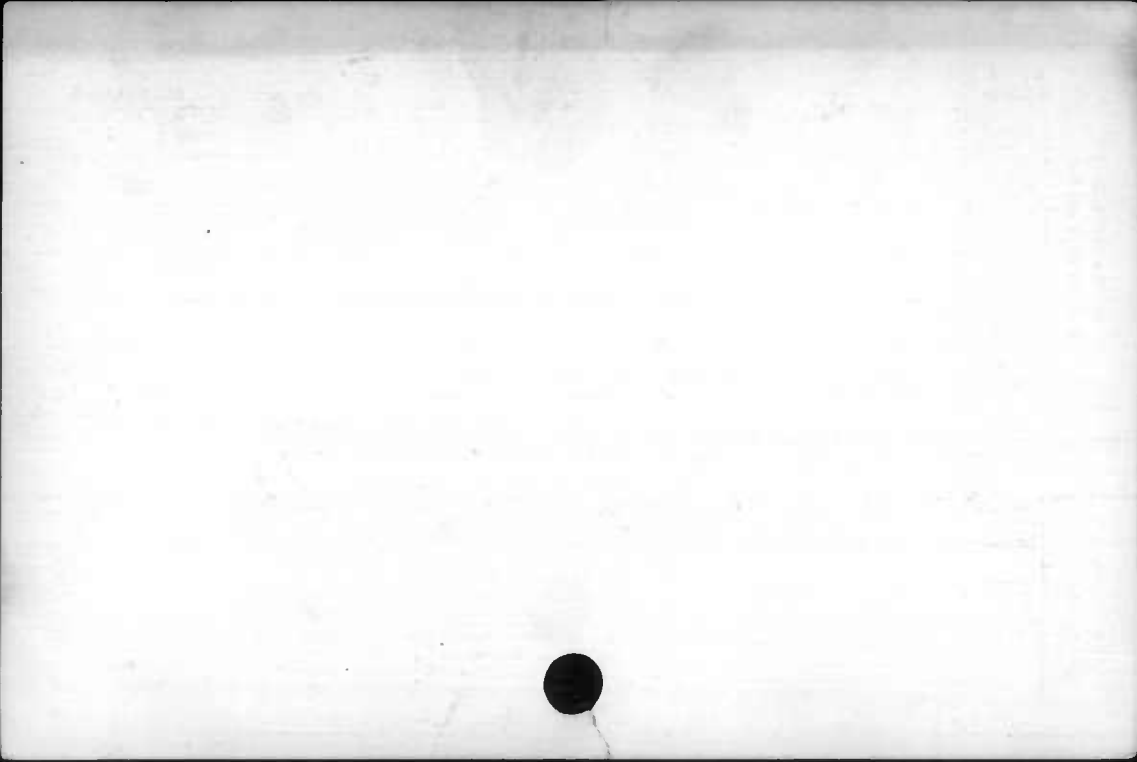
McKendree

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Augusta Virginia Pfeiffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death		Month		Day		Years		Months	
1909		Nov		4		Age		70	
Sex		Color or Race		Birth-place					
Female		white		Pr Geo C Md					
Occupation		Where Residing if not at place of death							
none									
Married, Single or Widowed		Name of Wife or Husband							
widow		Henry Hamilton Pfeiffer							
Father's Name		Father's Birthplace							
George R. Herrick		Bethany Pa							
Mother's Maiden Name		Mother's Birthplace							
Mary Moore		Pittsburg Pa.							
Name of person giving Information		How related to deceased							
Geo. W. Pfeiffer		Son							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Acute Pneumonia</i>		<i>Five days</i>	
Immediate		How long	
<i>Exhaustion cardiac</i>		<i>About 6 hours.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. H. Thompson M.D.	
Address		Annapolis	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Larrall Pindell</i>		Town <i>Christersfield</i>		County <i>aa co</i>		MARYLAND	
Died at <i>Nov 6</i>		Month <i>Nov</i>		Day <i>6</i>		Years <i>58</i>	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>6</i>		Age <i>58</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Powdermill aa co</i>		Months <i>4</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Christersfield aa co</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Jamies Pindell</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>aa co Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>aa co Md</i>					
Name of person giving Information <i>Jesse C. Hawkins</i>		How related to deceased <i>only friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis from Cerebral Apoplexy</i>	How long <i>2 Mos 13 days</i>
Immediate <i>Embolism</i>	How long <i>3 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Keever</i>
	Address <i>600 E. 1st St Annapolis Md</i>
Accident or Suicide <i>No</i>	

Name
in
Full

Alice E. Power

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brocklyne ^{Town} Ce A ^{County} **MARYLAND**
 Date of death 1909 11 ^{Month} 17 ^{Day} Age 2 ^{Years} — ^{Months} — ^{Days}
 Sex Female Color or Race white Birth-place Balto Md
 Occupation Child Where Residing if not at place of death
 Married, Single or Widowed Single Name of Wife or Husband
 Father's Name Thomas J Power Father's Birthplace Maryland
 Mother's Maiden Name Emelia H Mother's Birthplace Iowa
 Name of person giving Information Thomas J Power How related to deceased Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Bronch. Pneumonia
 Immediate Cardiac Failure

How long

5 days

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. J. Robinson

Address

Brocklyne Md

Accident or Suicide

No

St. Peter's Cemetery.

Nov. 19/909

Wm Croft.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James T. Small

Died at **Annapolis** Town **Anne Arundel** County **MARYLAND**

Date of death **1909** Month **Nov** Day **16** Age **5-8** Months — Days —

Sex **Male** Color or Race **White** Birth-place **Balto Co., Md**

Occupation **Officer of Law** Where Residing if not at place of death —

Married, Single or Widowed **Married** Name of Wife or Husband **Ella Small**

Father's Name **Thomas Small** Father's Birthplace **Ireland**

Mother's Maiden Name **Unknown** Mother's Birthplace **Unknown**

Name of person giving Information **Ella Small** How related to deceased **Wife**

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary **Tuberculosis** How long **months at least**

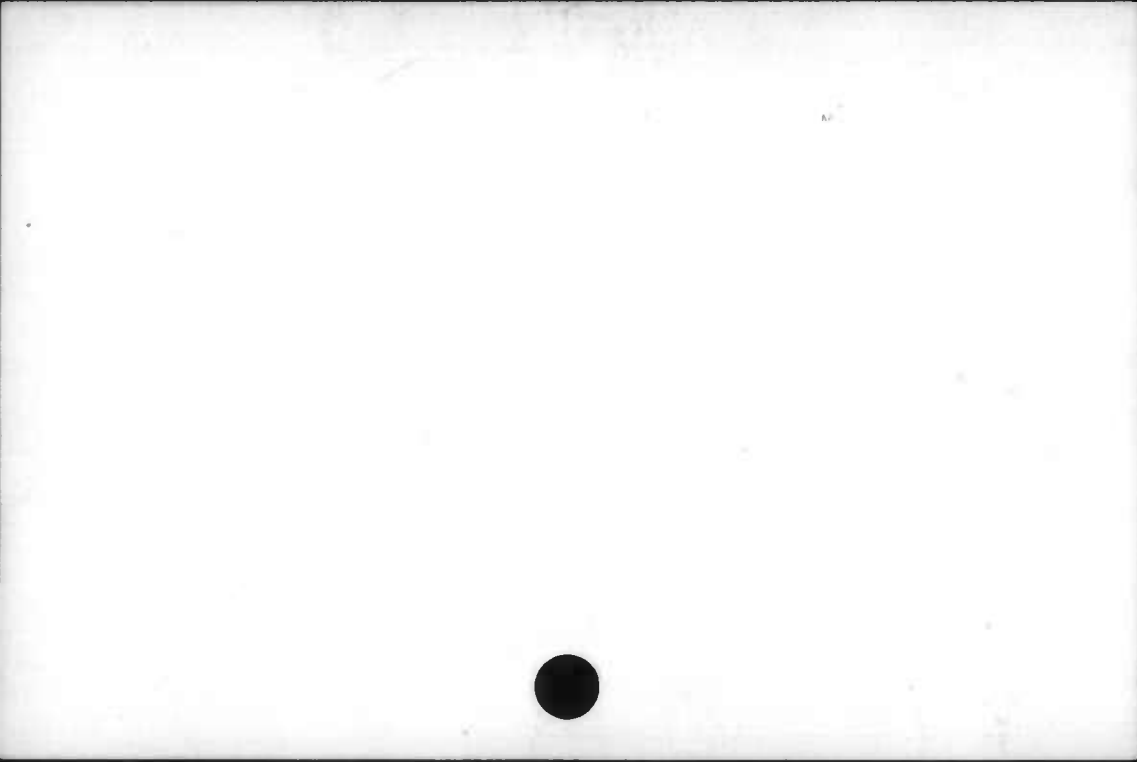
Immediate **Cardiac Failure** How long **Not Known**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Walton H. Hyghens M.D.**

Address **Annapolis, Md.**

Accident or Suicide **—**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gustine Smith*
Town *St. Margaret* County *A. A.*

MARYLAND

Died at *St. Margaret* Month *Nov* Day *17* Years *50* Months Days

Date of death *1909 Nov 17* Age *50*

Sex *Male* Color or Race *White* Birth-place *Baltimore Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Minnie Colebrook*

Father's Name *Adolph. Smith* Father's Birthplace *Germany*

Mother's Maiden Name *Louisa Stoveslock* Mother's Birthplace *Germany*

Name of person giving Information *Lena Smith* How related to deceased *Daughter*

CAUSES OF DEATH

56

Primary *Alcoholism*

How long

Immediate *Paralysis Heart*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

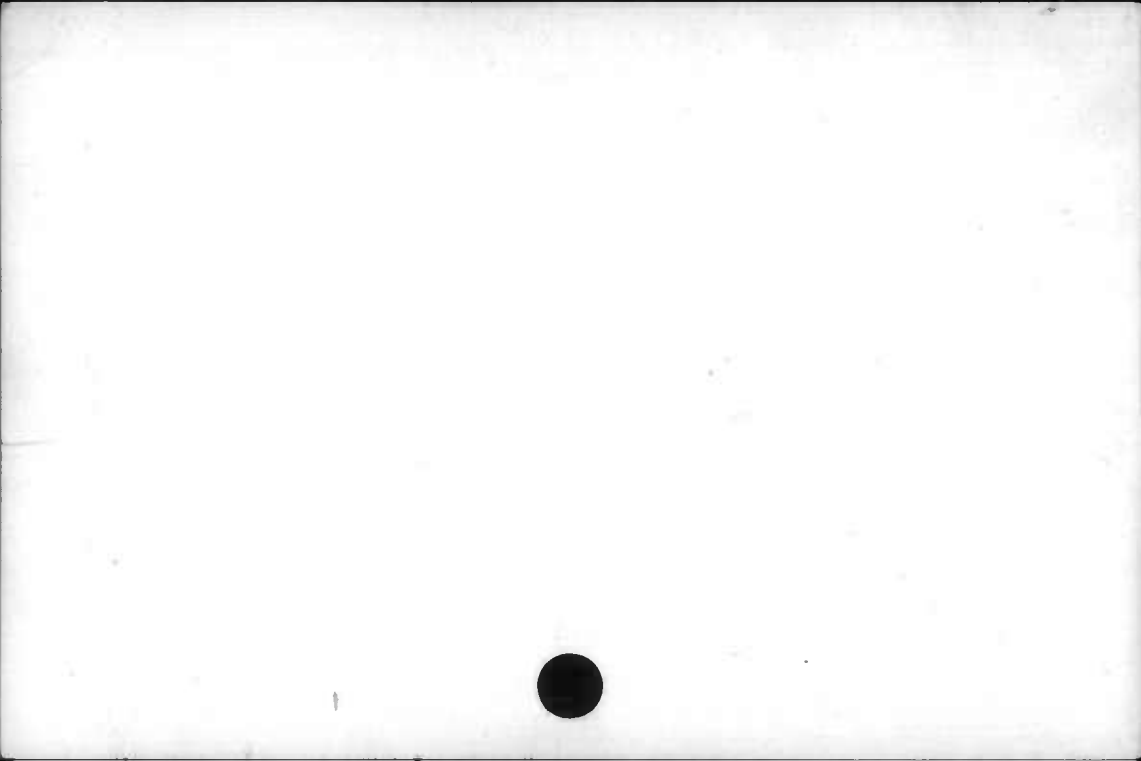
Signature of Physician

Address

J. D. Ridout
Annapolis Md.
R. F. D. No 1.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Isian Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marley</i> Town		<i>Anne Arundel</i> County		MARYLAND									
Date of death	1909	Month	<i>Nov.</i>	Day	<i>19</i>	Age	<i>13</i> -	Years		Months	<i>2</i>	Days	<i>30</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Anne Arundel Co.</i>						
Occupation	<i>School boy -</i>					Where Residing if not at place of death	<i>—</i>						
Married, Single or Widowed	<i>Single</i>					Name of Wife or Husband	<i>—</i>						
Father's Name	<i>William Spencer -</i>					Father's Birthplace	<i>Anne Arundel Co</i>						
Mother's Maiden Name	<i>Carlotta Turner</i>					Mother's Birthplace	<i>Anne Arundel Co.</i>						
Name of person giving Information	<i>William Spencer -</i>					How related to deceased	<i>Father</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>About 1 year.</i>
Immediate	<i>Exhaustion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James S. Beelingsler M.D.</i>
		Address	<i>Elrator Md</i>
Accident or Suicide	<i>No</i>		



Name
in
Full

Charlotte Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Galesville</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND							
Date of death	1909	Month	<u>October</u>	Day	<u>16th</u>	Age	<u>102</u>	Months	<u>—</u>	Days	<u>—</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>at Galesville</u>						
Occupation				Where Residing if not at place of death							
Married, Single or Widowed	<u>widowed</u>			Name of Wife or Husband <u>Edward Turner</u>							
Father's Name	<u>Not known</u>			Father's Birthplace <u>not known</u>							
Mother's Maiden Name	<u>Not known</u>			Mother's Birthplace <u>not known</u>							
Name of person giving Information	<u>Thomas Diggs</u>			How related to deceased <u>grandson</u>							

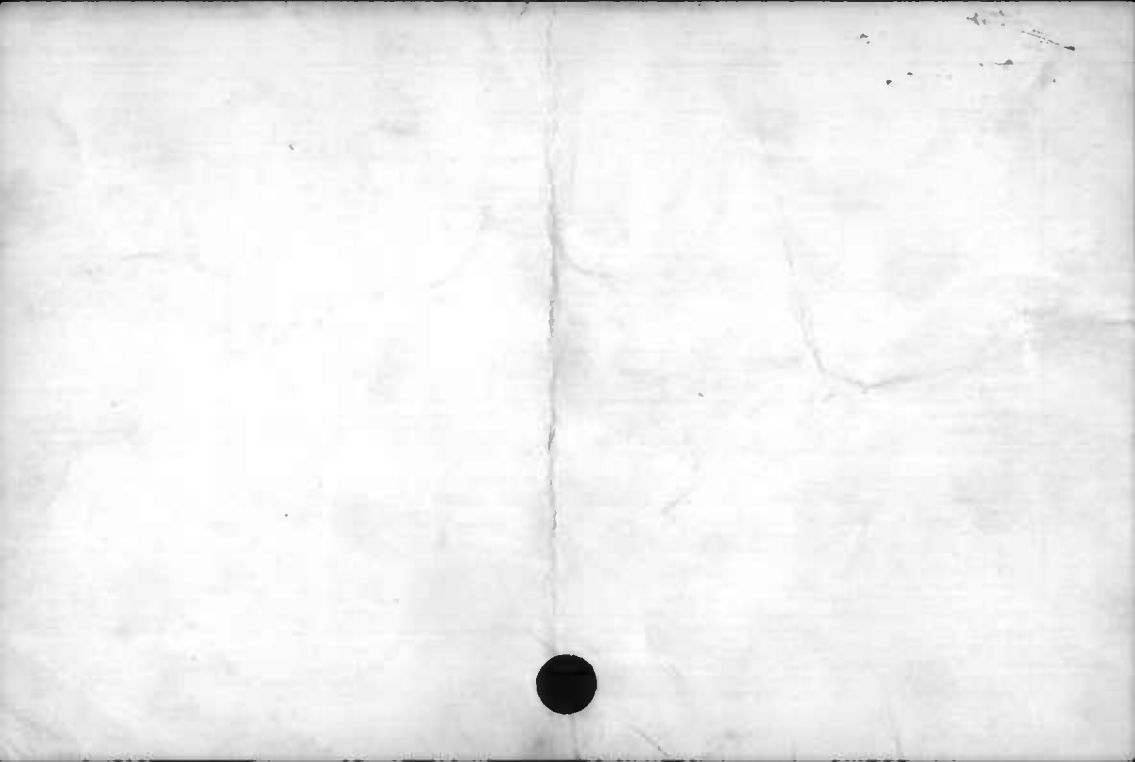
CAUSES OF DEATH

109



PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<u>impaction of colon</u>		How long	<u>not known</u>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<u>Chas. Elzer M.D.</u>
			Address	<u>Cumbersville Ind.</u>
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South Baltimore</i>		Town <i>South Baltimore</i>		County <i>A.A.</i>		MARYLAND	
Date of death	1909	Month	Nov	Day	20	Age	—
Sex	Female		Color or Race	white		Birth-place	So. Balty. Md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	Sylvester Vlach					Father's Birthplace	Bohemia
Mother's Maiden Name	Mary Zobec					Mother's Birthplace	Bohemia
Name of person giving information	Mary Vlach					How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dead born</i>		How long	<i>8</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Thos. B. Horton M.D.</i>
			Address	<i>So. Balty. Md.</i>
Accident or Suicide?		—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Bernard Wade* Town *Annapolis* County *A--A--* MARYLAND

Died at *Annapolis*

Date of death 1909 Month *Nov.* Day *7* Age *1* Years Months *1* Days *10*

Sex *Male* Color or Race *Colord* Birth-place *Annapolis*

Occupation *unknown* Where Residing if not at place of death *87 Clay St--*

Married, Single or Widowed *Single* Name of Wife or Husband *---*

Father's Name *Mitchell Wade* Father's Birthplace *Baltimore Md.*

Mother's Maiden Name *Clara Randall* Mother's Birthplace *Annapolis --*

Name of person giving Information *Clara R. Wade* How related to deceased *Mother*

PHYSICIAN
OR CORNER

Ridont

CAUSES OF DEATH

Primary *congenital debility* How long *Months*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Ridont M.D.* Address *Annapolis Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

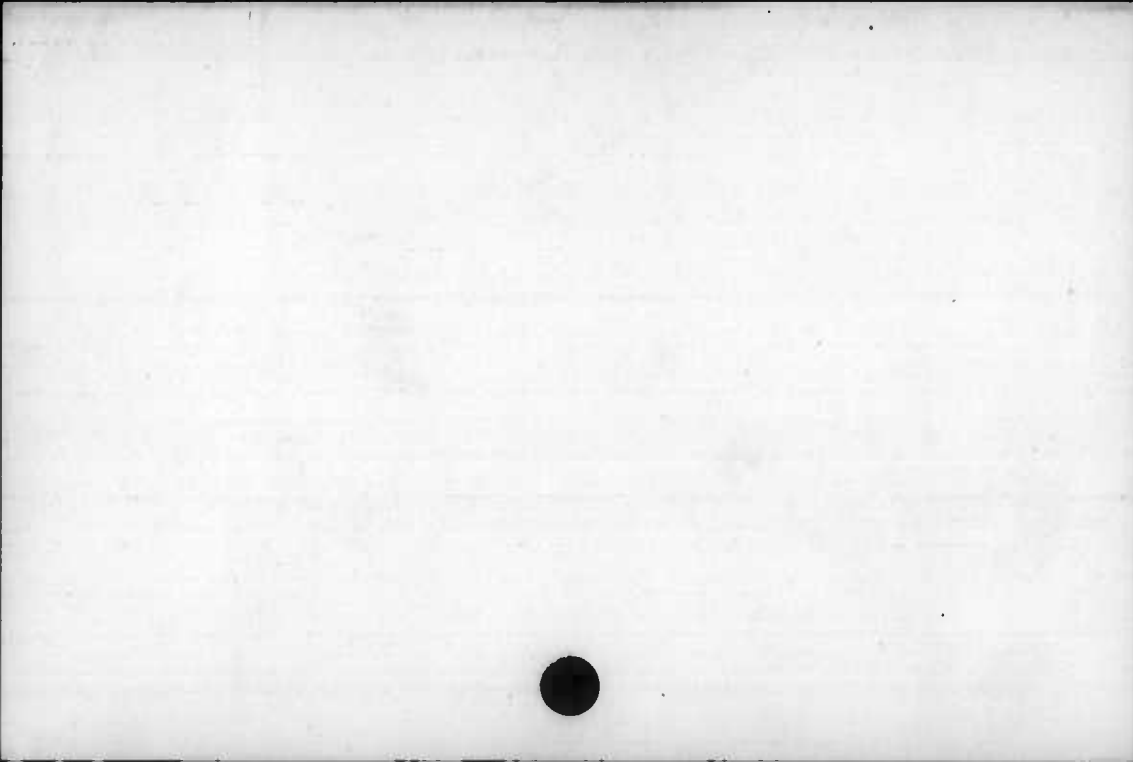
Name in Full John Lb. Wallace		Town Annapolis		County St. Geo.		MAYLAND	
Died at		Month Nov		Day 28		Years 67	
Date of death		1909		Months		Days	
Sex Male		Color or Race col		Birth-place St. Geo. Md			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Yes.		Name of Wife or Husband Ella Wallace					
Father's Name Andrew Wallace		Father's Birthplace St. Geo. Md					
Mother's Maiden Name Bester Wallace		Mother's Birthplace St. Geo. Md					
Name of person giving information Bester Pinkney		How related to deceased Daughter					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Apoplexy	How long 48 hrs
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John Ridout
	Address Annapolis Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Samuel Edwin Owings Wheeler
Town County

MARYLAND

Died at *Mayo* *Anne Arundel*
Month Day Years Months Days
Date of death 190 *9* *November* *9* Age *63* *4* *8*

Sex *Male* Color or Race *white* Birth-place *Baltimore*

Occupation *Oysterman* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Arianna Seisim Dawson*

Father's Name *John Henry Wheeler* Father's Birthplace *unknown*

Mother's Maiden Name *Mary Hannah Patterson* Mother's Birthplace *unknown*

Name of person giving Information *Charles Edwin Wheeler* How related to deceased *Son*

CAUSES OF DEATH

120

Primary *Bright's disease* How long *1 1/2 6 months*
Immediate *Dropsy* How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician *John Collinson*
Address *South River*

Accident or Suicide

Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i>		Town		<i>a a bo</i>		County	
Date of death <i>1909 Nov 22</i>		Month		Day		Age	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		Months	
Occupation <i>None</i>		Where Residing if not at place of death		Years		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>England</i>		Mother's Birthplace <i>Annapolis</i>	
Father's Name <i>Willie E White</i>		Mother's Maiden Name <i>Myrtle Clark</i>		How related to deceased <i>Father</i>			
Name of person giving Information <i>Willie E White</i>							

CAUSES OF DEATH

Primary *Premature birth*Immediate *Asthenia*

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

Jms Welch
Annapolis

Accident or Suicide

151

How long

How long

PHYSICIAN
OR CORONER



Name
in
Full

Alberta Wilson
Town Annapolis County

CERTIFICATE OF DEATH

Died at Annapolis - MARYLAND
Date of death 1909 Nov. 12th Age 9
Sex Female Color or Race Col - Birth-place Annapolis
Occupation Child - Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm Wilson

Father's Birthplace

Annapolis Md

Mother's Maiden Name

Mary Hawkins

Mother's Birthplace

Annapolis Md

Name of person giving Information

Wm Wilson Father

How related to deceased

Father

CAUSES OF DEATH

Primary

congenital Debility Since Birth
Exhaustion Gradual

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

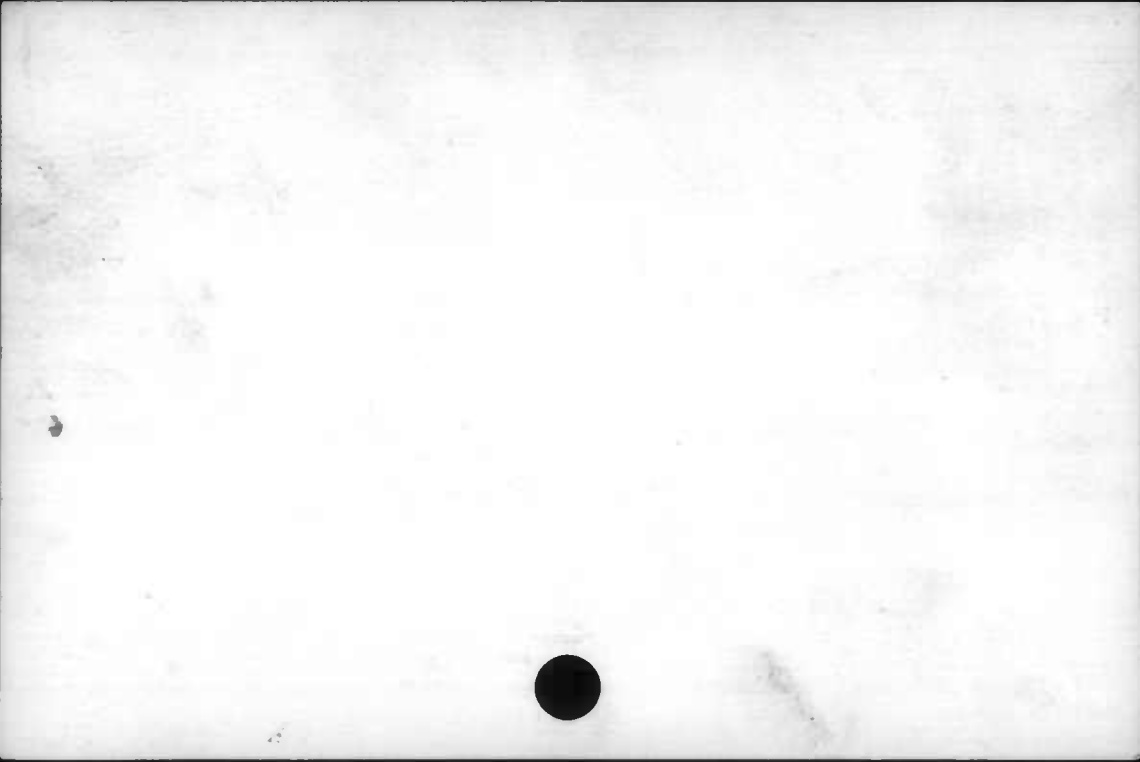
Address

John Ridout
Annapolis Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

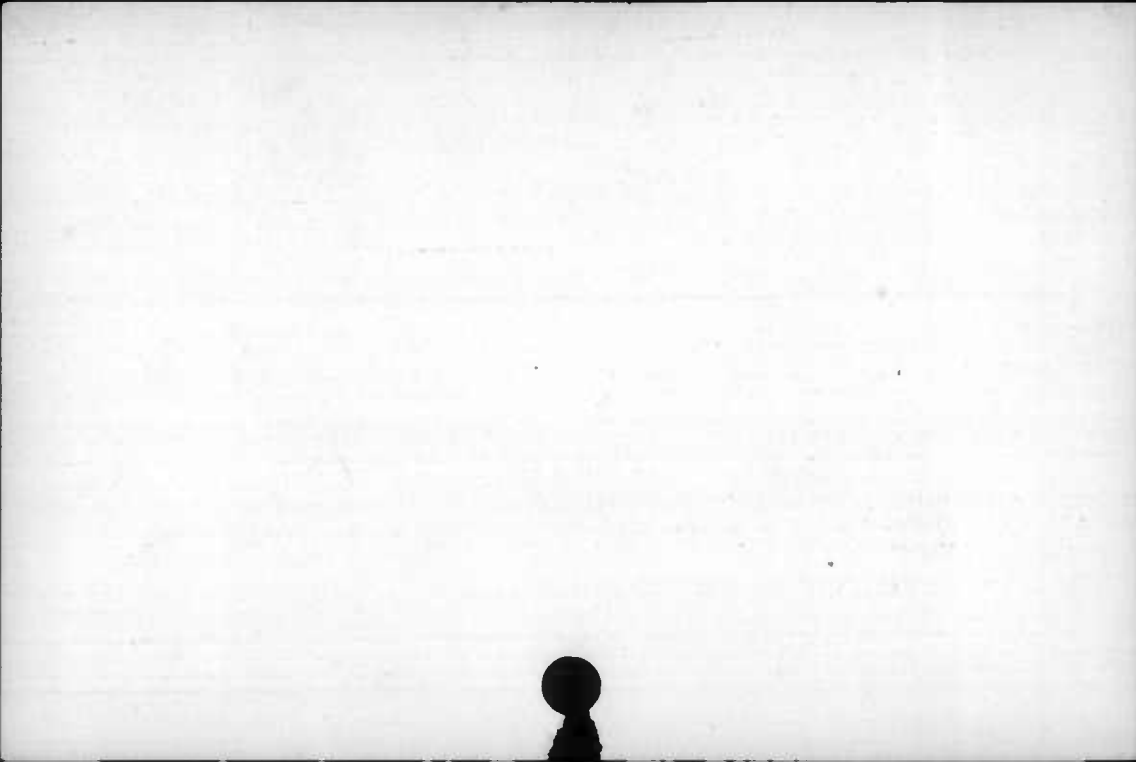
Died at <i>Shady Side</i> Town <i>Cal.</i> County						
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>79</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife Husband <i>Carl Witt</i>					
Father's Name <i>David Witt</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Fritz Witt</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>2 days</i>
Immediate <i>Acute Indigestion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo T Leub</i>
	Address <i>Phuckton</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> Town		<i>A A</i> County		MARYLAND	
Date of death	1909	Month	Nov	Day	10
Age		<i>Unknown</i>		Years	<i>Unknown</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Unknown</i>		Birth-place	<i>Unknown</i>	
Married, Single or Widowed			Where Residing if not at place of death		
<i>Unknown</i>					
Father's Name			Father's Birthplace		
<i>Unknown</i>			<i>Unknown</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>"</i>			<i>Unknown</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>alcoholism</i>	How long	<i>Don't know</i>
Immediate	<i>Exposure</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John C. Potee Coroner</i>	
		Address	
		<i>Brooklyn</i>	
		<i>A A C Md</i>	
Accident or Suicide?			

